

PREA Facility Audit Report: Final

Name of Facility: Western Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/10/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Debra D. Dawson	Date of Signature: 04/10/2023

AUDITOR INFORMATION	
Auditor name:	Dawson, Debra
Email:	dddawsonprofessionalaudits@gmail.com
Start Date of On-Site Audit:	02/22/2023
End Date of On-Site Audit:	02/24/2023

FACILITY INFORMATION	
Facility name:	Western Correctional Institution
Facility physical address:	13800 McMullen Hwy. SW, Cumberland, Maryland - 21502
Facility mailing address:	

Primary Contact

Name:	Jason D. Clise
Email Address:	jason.clise@maryland.gov
Telephone Number:	301-729-7074

Warden/Jail Administrator/Sheriff/Director

Name:	Ronald S. Weber
Email Address:	ronald.weber@maryland.gov
Telephone Number:	301-729-7001

Facility PREA Compliance Manager

Name:	Jason Clise
Email Address:	jason.clise@maryland.gov
Telephone Number:	
Name:	Keisha McGeady
Email Address:	keisha.mcgeady@maryland.gov
Telephone Number:	

Facility Health Service Administrator On-site

Name:	Jodie Doyle
Email Address:	jodie.doyle@yescarecorp.com
Telephone Number:	301-729-7120

Facility Characteristics	
Designed facility capacity:	1752
Current population of facility:	1581
Average daily population for the past 12 months:	1564
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 to 60+
Facility security levels/inmate custody levels:	Pre Release to Maximum I
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	495
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	157
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	18

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

Agency Chief Executive Officer Information:

Name:	Acting Secretary Carolyn Scruggs
Email Address:	carolyn.scruggs@maryland.gov
Telephone Number:	(410) 339-5099

Agency-Wide PREA Coordinator Information

Name:	David Wolinski	Email Address:	david.wolinski@maryland.gov
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-02-22
2. End date of the onsite portion of the audit:	2023-02-24

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1754
15. Average daily population for the past 12 months:	1564
16. Number of inmate/resident/detainee housing units:	19
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1052
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	229
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	5
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	12

43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	8
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	5
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	17
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	9
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	391

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	32
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	159
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	30
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Inmates were selected for interview based on meeting the targeted group requirements, age, length of time at the facility, race, housing assignments based on information requested per rosters
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	23
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility identified there were no inmates with mental disability that met the definition of cognitive disability. None was identified during the site visit by auditing team observation and/or identified by staff
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	3
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	3

65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	4
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="820 1720 1469 1888"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="820 1933 1469 2011"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	No inmates were assigned to involuntary segregation during the site visit
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
<h2>Staff, Volunteer, and Contractor Interviews</h2>	
<h3>Random Staff Interviews</h3>	
71. Enter the total number of RANDOM STAFF who were interviewed:	17
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Length of tenure in the facility </div> <div> <input checked="" type="checkbox"/> Shift assignment </div> <div> <input checked="" type="checkbox"/> Work assignment </div> <div> <input checked="" type="checkbox"/> Rank (or equivalent) </div> <div> <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) </div> <div> <input type="checkbox"/> None </div>
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div> <input checked="" type="radio"/> Yes </div> <div> <input type="radio"/> No </div>
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

17

76. Were you able to interview the Agency Head?

☒ Yes

☐ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

78. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

79. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	mental health is contract

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	14	2	12	2
Staff-on-inmate sexual abuse	3	0	3	0
Total	17	2	15	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	1	0	0	1
Total	3	0	2	1

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	1	1	0
Staff-on-inmate sexual abuse	2	0	0	0	0
Total	2	0	1	1	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	4	8	2
Staff-on-inmate sexual abuse	0	2	1	0
Total	0	6	9	2

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

17

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

14

101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☒ Yes

☐ No

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

102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?

☒ Yes

☐ No

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

Staff-on-inmate sexual abuse investigation files

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

3

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

☐ Yes

☒ No

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

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

☒ Yes

☐ No

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

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:

3

107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

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

2

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The DPSCS conduct bean all investigations as criminal and if not criminal or no charges are determined and/or filed, the investigation is concluded as administrative.
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. WCI Organizational Chart and DPSCS Organization Chart 4. WCI.050.0001.1 Sexual Misconduct - Prohibited 5. DPSCS.020.0026 PREA Rape Elimination Act- Federal Standards Compliance 6. OPS 200.0005 Sexual Misconduct – Prohibited Inmate on Inmate 7. Inmate rule book 8. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. WCI PREA Compliance Manager <p>115.11(a) The DPSCS and the facility have multiple comprehensive written policies and procedures in place to support the Department’s mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. DPSCS. 020.0026 and DPSCS 200.0005 state The Department does not tolerate sexual abuse or sexual harassment of an inmate. The Directives clearly outline the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection, and response to sexual assault incidents in the Department facilities. Executive Directive OPS.050.0001states the Department shall ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct comply with applicable federal standards. The Directive identify sanctions to be imposed on staff who participate in outlined prohibited acts regarding the zero-tolerance consistent with PREA standards include up to termination. Sanctions for those that have participated in prohibited behaviors in the facility is outlined in the Directive. Directive OPS.200.005 contains information on inmate discipline in addition to the inmate rule book identifies the inmate rule violation 117 - as any manner, arrange, commit, perform or engage in a sex act or sexual conduct. Inmates who are determined by the IID Investigator to have committed the criminal act of sexual misconduct to another inmate and or staff will be prosecuted.</p> <p>115.11(b) In accordance with a review of the DPSCS organizational chart, the Department has designated an upper-level Special Assistant who reports directly to the Deputy Secretary of Operations as the DPSCS PREA Coordinator. An Assistant</p>

DPSCS PREA Coordinator is also employed to assist the DPSCS PREA Coordinator in overseeing the agency's efforts regarding PREA in all its facilities. The Assistant DPSCS reports directly to the DPSCS PREA Coordinator. The auditor interviewed the DPSCS PREA Coordinator who confirmed he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

The facility has designated a PREA Compliance Manager, who is assigned these duties along with duties as a Case Management Specialist II. The facility's organizational chart was provided for review. The chart shows the PCM position as a dedicated position who reports directly to the Associate Warden and Warden. The WCI PCM indicated he was recently assigned the duties of the PCM, but has been given the opportunity to fulfill his duties as such.

Based on the review of policies, organization charts, and interviews it is determined that the facility and Department meets the mandate of all provisions within this Standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Website 3. Interview: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator <p>The Western Correctional Institution does not contract for the confinement of inmates. The DPSCS previously had a contract with Threshold, Inc. for pre-release services of inmates within its agency. The Threshold Inc. was a private non-profit agency incorporated under the Laws of the State of Maryland to provide community-based treatment and work release services for persons incarcerated in the State Prison System. The Threshold Inc. population dropped to zero in August of 2020 due to COVID-19, and the contract ended on September 30, 2020. Threshold has not re-opened and there is no expectation that it will. The contract has not been renewed considering the closure.</p> <p>The auditor conducted a review of the agency's website at https://dpscs.maryland.gov/prea/prea-audits.shtml and confirmed PREA Audit Reports were posted for the Threshold Inc., completed in 2015 and 2018. An interview with the DPSCS PREA Coordinator indicated the agency conducted regular monitoring for PREA compliance throughout the contractual services.</p> <p>Based on the review of previous contractual services provided, agency website with posted PREA audits identifying compliance and an interview with the DPSCS PREA Coordinator, the DPSCS has demonstrated compliance with all provisions of this standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. Directive OPS.115.0001 Correctional Officer Staffing Analysis and Overtime Management 3. WCI .115.0001.1 Staffing Analysis and Overtime Management 4. DPSCS Staffing Analysis and Overtime Management Manual 5. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 6. Post Assignment Worksheet (PAWS) 7. Log of unannounced rounds 8. WCI Staffing Plan 9. Observation while on-site 10. Interviews with: <ol style="list-style-type: none"> a. Warden b. DPSCS PREA Coordinator c. Intermediate and Higher-Level Supervisors <p>115.13(a) Directive OPS.115.0001 states the requirements of a facility staffing plan. These requirements contain the eleven requirements stated in this provision. The Staffing Analysis and Overtime Management Manual provides guidance regarding minimum operational staffing levels requirements and documentation of any deviations to these requirements. DPSCS OPS.115.0001 the Department shall establish and maintain a uniform system that establish necessary post assignments at a correction and detention facility; Assign staff to post at a correctional and detention facility; Monitor and analyze staffing assignments and minimize the use of overtime and compensatory time. Per the review of the Western Correctional Institution Staffing Plan it addresses the eleven requirements as indicated in this provision. The PAQ identified the average daily number of inmates on which the staffing plan was predicated was 1538 inmates. The average inmate count for the previous 12 months was 1564. The facility's count on the first day of the on-site visit was 1552. An interview with the Warden and DPSCS PREA Coordinator indicated the facility does develop and comply with a staffing plan as outlined in the Staffing Analysis and Overtime Management Manual and meet to discuss and review it regularly. It was indicated that all DPSCS facilities to include WCI are operating under</p>

the Staffing Plan developed in 2021. The Warden indicated when assessing adequate staffing levels video monitoring is considered. The location and need for additional cameras are often discussed and reviewed. All facility's cameras and video monitoring equipment were recently upgraded. Additional cameras were added to the gatehouse and parking lot only. It was indicated that the facility does consider each element of the provision.

115.13(b) Directive OPS.115.0001 provides guidance regarding minimum operational staffing levels and requirements for documenting any deviations with these requirements. The facility staffing plan is developed with these requirements in mind and a daily Post Assignment Work Sheet (PAWS) is developed to deploy staff in accordance with the stated staffing plan. The PAWS identify positions and the staffing requirements for those positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. Any deviations from the staffing plan are documented on the PAWS with an explanation. Supervisory correctional staff on duty ensures the required post are always covered on the PAWS during each shift. There is never any deviation from the staffing plan regarding the vacating of critical post, and any level 4 post vacancies would be covered by hiring overtime. Per the Warden all deviations would be documented on the PAWS. A review of the PAWS did not identified deviations from the staffing plan as all level 4 post were filled. Throughout the on-site tour it was noted that staffing was adequate and prevalent throughout the institution.

115.13(c) Directive OPS.115.0001 states, "At least annually, or on an as needed basis, consulting with the Department PREA Coordinator to review, assess, determine, and document if adjustments are necessary to the facility's: (a) Staffing plan based on topics identified under §.05C(2)(d) of this directive; (b) Use and deployment of video monitoring system and other surveillance technology; and (c) Resources available to commit to ensure compliance with the established staffing plan." WCI .115.0001.1 states the managing official/or designee, Shift Commander and the PREA Coordinator shall review the Facility Staffing Plan annually, or on an as-needed basic, to determine if staffing levels meet PREA Compliance, security and control of the institution. The staffing plan review is documented on an agency-wide standardized form. WCI provided a copy of the Staffing Plan. The facility staffing plan was reviewed on November 22, 2022, and was based off the Staffing Plan dated March 25, 2021. The Staffing Plan was documented as reviewed by the DPSCS PREA Coordinator and the WCI Representative (PCM). There have been no changes since the FY2021 plan was developed. The form considers all the criteria required for a staffing plan review as required in this Standard and provides areas for narrative, any recommendations, as well as space for signatures by the facility compliance manager and agency wide coordinator. Interviews with the DPSCS PREA Coordinator, the staffing plan is reviewed annually while ensuring it addresses each area. Mandatory post will never be vacated as overtime would always to authorized. Numerous facilities have closed within the past years, and several staff have transferred to other facilities which assisted in filling vacate positions.

115.13(d) OPS. 050.0001 indicates that the facility will take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual

misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: (i) Randomly on all shifts; (ii) Except when necessary to prevent prohibited cross gender viewing of an inmate or as part of a legitimate facility operation, unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted; and (iii) At a frequency established by the managing official” regarding the conduct of unannounced rounds. The auditor reviewed copies of logbooks demonstrating that rounds are made on all shifts by correctional supervisory staff and made weekly by higher level management staff. An interview with intermediate or higher-level staff indicated that unannounced rounds for the purpose of identifying and deterring staff sexual abuse and sexual harassment are conducted each shift by correctional supervisors and those in upper management positions at least weekly. Unannounced rounds are made by Lieutenants, Captain, Major, Chief of Security, Assistant Warden and Warden and are documented in logbooks.

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

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. Directive DPDS.100.0003 Separation of Adult and Juvenile Detainees 3. Return to Youth Detention Center (YDC) Transfers 4. Observation During Site Visit <p>115.14 (a) (b) DPDS.100.0003 and Return to Youth Detention Center (YDC) Transfers stated an inmate sentenced to the DOC, who at the time of sentencing has not reached the age of 18, may be housed at the Youth Detention Center of the Division of Pretrial and Detention Services (DPDS). The juvenile inmate may be housed at YDC until time that he or she reaches the age of 18. If a waived juvenile is remanded to the custody of the Division, the individual shall be housed in a separate unit designated for juveniles which affords no more than incidental sight or sound contact with adult detainees from outside the unit in living, program, dining or other common areas. Any other sight or sound contact is minimized, brief and in conformance with applicable legal requirements. Interviews with the Warden, and WCI PCM in addition to observation during the on-site visit, WCI does not house youthful offenders (those under 18 years old).</p> <p>Review of the PAQ, DPSCS policies and interview with the Warden and WCI PREA Compliance Manager, WCI meets the mandate of all standard provisions.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, on-site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.110.0047 Personal Search Protocols-Inmates 3. WCI.050.0001 Sexual Misconduct - Prohibited 4. OPS 050.0001 Sexual Misconduct - Prohibited 5. Lesson Plan- LGBTI 6. Lesson Plans Frisk Searches 7. In-Service Lesson Plan - PREA 8. WCI Procedural Manual - Searches 9. Observation while on-site 10. Interviews with: <ol style="list-style-type: none"> a. WCI PCM b. Random staff c. Inmates <p>115.15(a)Directive OPS.110.0047, Section .05F states, “(4) An inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer.” WCI 050.0001 indicates that frisk, pat, and strip searches of female inmates must be conducted by correctional officers of the same gender except exigent circumstances when deemed so. In the event this occurs, approval must come from the Warden, Assistant Warden, or Chief of Security. Documentation must be provided of these exigent circumstances when deemed is mandatory.</p> <p>Directive OPS.110.0047 indicates a strip search of a gender dysphoric or intersex inmate may not be conducted for the sole purpose of determining the inmates' genital status. If an inmate's genital status is unknown, it is to be determined through conversation with the inmate; a review of available medical records; or part of a broader medical examination conducted in private by a licensed medical profession. Section .05F(3)(b), “When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference in the gender of the officer conducting the search” with regard to conducting strip searches of transgender and intersex inmates. Section .05H (2)</p>

states, "Only a certified medical professional may perform a body cavity search of an inmate." Section .05H (4) states, "Only the certified medical professional and the inmate being searched may be present during the procedure." Female staff may conduct a pat search male inmates. Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates during the review period. WCI does not house female inmates. Inmates interviewed did not report being subjected to cross-gender viewing by staff during a strip search and none reported being subjected to visual cavity search.

115.15(b) Directive OPS.110.0047, Section .05E(3)(a) and(c) states, "(a) Except under provisions of §.05E(3)(c) of this directive, a frisk search of a female inmate shall be conducted by female correctional officer. (c) A managing official or a designee may, based on exigent circumstances, authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate." Discussion with staff and on-site observations verified that WCI would use female staff to search transgender inmates with an authorized search exception card which identifies their selection of the staff member gender to conduct the search. Interviews were conducted with both staff and inmates. There were five (5) inmates identified as transgender and all were interviewed. Each stated they were given the opportunity to select the gender of staff to conduct their frisk and visual searches. A review of the PAWS indicates that there are always female staff on duty for all shifts.

115.15(c) Directive OPS.110.0047, Section .05F(6)(b) regarding all strip searches states, "(b) Log or report the search in accordance with established procedures." Section .05H(1)(b) regarding body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12 months. Staff interviews did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff in the past 12 months. Additionally, inmate interviews did not indicate any occurrence of cross-gender viewing by staff during a strip search or visual cavity search. WCI does not house female inmates.

115.15(d) OPS.050.0001 state, it is the policy of the Department and WCI to not tolerate sexual abuse or sexual harassment of an inmate. The policy enables inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genital except in exigent circumstances when such viewing is incidental to routine cell check (this includes viewing via video camera). Interviews with the inmate population indicated they are provided privacy while changing clothes, showering and performing other bodily functions. In each of the inmate housing units, there are two-man stall showers that provide privacy with shower curtains. All inmate restrooms throughout the facility in program areas and work sites are monitored by the staff assigned to the area to

ensure one inmate at a time has access. Formal and informal interviews with the inmate population indicated no concerns in regard to privacy during showering, while changing clothes and/or performing bodily functions. Review of camera footage confirmed the inmates are awarded the provisions of this standard within the housing units and program areas. However, during the tour, the auditing team identified four (4) holding cells within the intake area that did not prevent cross -gender viewing during inmate usage. Specifically, the auditing team identified four (4) holding cells in the intake area that allowed the viewing of the inmate toilets by all within the hallway traffic area. The auditing team identified a barrier would be required for each of the toilets. Portal barriers were installed during the post audit period and confirmed through photographs of the area. Per the WCI PCM, the Chief of Security was in communication with the maintenance supervisor to develop and install permanent barriers.

WCI 050.0001 outlines staff of the opposite sex will announce their presence when entering the wing and ensure other staff do as well. A sign is posted on all entry doors into the housing units. However, the vast majority of inmate interviews indicated female staff does not make an announcement of the opposite sex (female) entering the housing units. The auditing team identified this practice was not eliminated during the visit to housing units. This information was shared with the WCI Warden, WCI PCM and the DSCS PREA Coordinator. Training was provided to all staff to include department heads, supervisory staff and line staff on the requirement of agency policy regarding required announcement of opposite gender entry when entering a housing unit. Additional training was provided during security staff shift briefings and notated on the PAWS. As staff was provided refresher training, the auditor accepted the documented training as a corrective action method for compliance of the standard provision.

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

115. 15 (f) Procedures for conducting searching inmates within the LGBTI are provided to staff in attendance of the Maryland Police and Correctional Training Commission Lesson Course Title LGBTI and the Correctional In-Service Training Program Course Title PREA. Each course is identified as a two-hour course and requires the completion of a written test with mastery at 75%. A review of these lesson plans confirms training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Confirmation of the completed training during 2021 and 2022 was submitted for review.

Based on policies and lesson plans, interviews with various inmates to include

	random and transgender, and staff, in addition to the observation during site visit, the facility meets compliance for all provisions of this standard
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Office of Equal Opportunity Limited English Opportunity (LEP) Plan 3. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct - Prohibited 5. Statewide Foreign Language Interpretation and Translation Services Contract 6. Documented Translation Services Provided 7. PREA Brochure English/Spanish 8. PREA Posters in English/Spanish/Large Font 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Agency Head b. Random staff c. Inmates with Disabilities <p>115.16(a)(b) DPSCS policy requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP) on policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights regarding sexual safety through inmate orientation. Agency policy also requires the head of the facility (or designee) that is responsible for the custody and security of an inmate shall ensure that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. DPSCS has a contract with Statewide Foreign Language Interpretation and Translation Services effective March 1, 2019 - February 29, 2024. Translation services are available in several languages. The WCI also utilize services with Language Line Services, Inc. Services for the hearing impaired is through Statewide Visual Communication Services. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the</p>

zero-tolerance policy and reporting information and is available in both English and Spanish. During the intake process, inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates are shown a PREA video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. During intake and inmate orientation, staff conduct a question-and-answer session at the end of the presentation for a clear understanding of the material provided. PREA posters are posted throughout the facility in both English and Spanish and in large font. An interview with the Agency Head Designee, indicated a language line and sign language services are available to the inmate population at all facilities. Inmates identified as hearing impaired are assigned to facilities where translation services are provided to include inmate phones with video for sign language translation. The inmates also have access to their tablets for video visiting. The agency attempts to assign regular scheduled staff to the areas where deaf and/or hard of hearing inmates are assigned for familiarity. Inmates identified as blind or low vision are assigned to a facility where they have access to braille. The inmate handbook PREA flyers, PREA language on the inmate's tablet, and pamphlets are available in multiple both English and Spanish languages.

115.16(c) Directive OPS.050.0001 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. During the interview process, some staff indicated they would utilize an inmate to provide translation services rather than contacting a supervisor for an appropriate staff member and/or utilization of the available language line solutions. This information was relayed to the Warden and DPSCS PREA Coordinator and staff received refresher training during the post audit phase advising them that staff would contact their supervisor for the use of an appropriate staff member and/or the language line for such translations rather than inmate interpreters regarding a PREA allegation.

The auditor interviewed 3 LEP inmates, 2 disabled inmates and 2 hearing-impaired inmates, and 1 low vision inmate. All acknowledged receiving PREA education in formats they fully understood. Two inmates identified as LEP first language was identified as Spanish. Staff provided translation services during the interview and the inmate acknowledged receiving PREA education in their language to include via a facility handbook and PREA pamphlets. They also acknowledged that although their first language was Spanish, they are able to speak and understand some English. The third inmate identified as LEP, first language was identified as "Farsi." Documentation of language line services was presented that identified translation services was provided for the completion of the PREA risk screening assessment and orientation. Translation services continued throughout a question-and-answer session regarding institution procedures. At the end of the call, the inmate acknowledged the understanding of information provided to him. He also indicated he was able to

	<p>understand the English language if spoken slowly to him and his ability to speak broken English. WCI indicated there were zero inmates identified with a cognitive disability throughout the 12-month review period and /or site visit.</p> <p>Based on the review of policies, agency's established contract for translation services, documentation of translation services provided, interviews with inmates with various disabilities, observation of PREA information posted in English and Spanish and large font, interviews and analysis, the facility has demonstrated compliance with all the provisions of the standard.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance 3. Code of Maryland COMAR 17.04.14.10 Personnel Records 4. Code of Maryland COMAR 12.15.01.19 Rap Back Program 5. PREA DBM DPSCS JOBAPS Application Form 6. PREA Acknowledgement Questions - Signed 7. COMAR 12.10.01.05 CTC Training 8. COMAR17.04.03.10 Employee Background Checks 9. Hiring and Promotional Records 10. ADM 050.0041 Criminal History Background Records Check Documentation 11. Interview with: <ol style="list-style-type: none"> a. Administrative (Human Resources) Staff <p>115.17(a) ADM.050.0041, states that a hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history records check is performed in order to determine the existence of criminal convictions that may specifically impact performance as an employee. The policy further states an employee includes: a contractor, an intern and a volunteer.</p> <p>Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, “shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive.” Human resources staff reported that hiring and background checks of new employees, promotions, and contractors are performed by the centralized hiring unit which is located offsite of the facility. The applicants select</p>

the general geographic area in where they would like to be assigned if selected for employment. The determined location is made by the Centralized Hiring Unit which is section of the Human Resource services Division. The background investigation is extensive in the collection of data regarding applicants that includes but not limited to: consideration of the applicant's' criminal background; previous employment history; review of current tattoos for possible gang affiliation; through identification of tattoos; psychological examination; physical examination; completion of a polygraph examination; wanted person check; RAPS (MD CJIS); National Crime Information Center (NCIC) query; civil and criminal record check; consumer credit check; Interview with Background Investigator; reference checks with neighbors and others known by the applicant and more. A review of 13 background investigations and personnel documentation for new hires within the review period confirmed a thorough background is completed prior to the applicant being offered the applying position. Records indicated that applicants were asked about behavior described in 115.17(a) (1-3). Documentation indicates that all applicants were asked again during a polygraph examination. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision.

115.17(b) Directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance notes the Department shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate. Human resources staff reported that incidents of sexual harassment are considered during the application, interview, and background investigation for all staff to include contract staff. The Human Resource Service Division (Central Hiring) is responsible for initiating background checks on all DPSCS and contract staff assigned to various departments in the DPSCS. Per an interview with the PCM background checks are completed at the facility for all vendors who are required to entry for repairs and individual vendors who enter the institution to conduct repairs and other installation prior to their entry. These individuals are always escorted by DPSCS staff and have no direct contact with the inmate population.

115.17(c) ADM.050.0041, states a hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history records check is performed in order to determine the existence of criminal convictions that may specifically impact performance as an employee. The policy further states that employees include: a contractor, an intern and a volunteer. Directive DPSCS.020.0026, section .05F(3) states, "Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) Consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse." Human resources staff reported that the centralized hiring unit performs all criminal background checks and efforts to contact all prior institutional employers of new

employees. It was reported that investigators are assigned and attempt to contact all previous employers. There were 51 new staff hired during the review period. The auditor reviewed 8 employee records and it was noted that a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers.

115.17(d) Directive DPSCS.020.0026, section .05F(3)(c) states, before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background record check of the contractor's employees who may have contact with an inmate." The DPSCS includes in the contracts with other agencies such as YesCare, Centurion and Keefe that all background checks are required to be completed by the DPSCS Human Resource Services Division. The auditor reviewed 6 volunteer background checks, 1 Keefe contractor, 3- medical, 45 business vendors, and 3 DPSCS new hires background checks. Per an interview with the Human Resource staff, criminal background record checks are completed through a query of the Criminal Justice Information Services (CJIS), National Crime Information Center (NCIC) and Maryland Telecommunication Enforcement Resource System (METERS) systems.

115.17(e) Directive DPSCS.020.0026, section .05I states, "For each subordinate employee and contractor service provider who may have contact with an inmate, an appointing authority, or a designee, shall conduct a criminal records background check, at minimum, every five years, or have in place a system for otherwise capturing such information for current employees and contractors." Pursuant to COMAR 12.15.01.19 regarding the state "Rap Back" program, arrest reports are monitored for employee contact with law enforcement, on a continuous basis. The "Rap Back" program is a continuous real time monitoring program. If an employee has any contact with a law enforcement, the contact is immediately reported to the agency. Per the Human Resource Administrator, upon any employee's submission to fingerprints and/or an arrest, an alert is automatically forwarded to the Human Resource Director and notification is forwarded to the affected institution. Human resource staff also reported agency policy requires staff to report such conduct within 24 hours.

115.17(f) Directive DPSCS.020.0026, section .05F(4)(a)-(b) states, "The HRSD shall inquire of each applicant and current employees who may have contact with an inmate directly about previous misconduct described in §.04B(3) of this directive in:

- (a) A written application or interview for employment or promotions; and
- (b) An interview or written self-evaluation conducted as a part of a review of a current employee."

These questions are part of the PREA DBM DPSCS JOBAPS Application form, PREA Interview Questions for Non-Mandated Positions, Mandated Positions, Promotional and Transfer Candidates form, Polygraph Questions for Mandated Positions, and DPSCS Interview form – Correctional Applicant. Individuals seeking promotions are required to complete the PREA Interview Questions for Non-Mandated Positions, Mandated Position, Promotional and Transfer Candidates during the selection process. The questions are as the following: have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution?;

have you 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?; have you been civilly or administratively adjudicated to have engaged in the activities described in question 1 or 2?; and have you ever been accused of sexual harassment? Per an interview with human resource personnel, indicate that hiring and promotion applications include these questions. Additionally, all staff seeking promotions are required to go through the vetting process completed by the IID Investigators for pending investigations and are required to complete the questionnaire. The auditor reviewed 17 PREA Self Report for promoted staff during the 12-month review period.

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

115.17(h) Maryland's Public Information Act ("PIA"), GP§ 4-311, states, "personnel records of an individual are protected; however, such records are available to the person who is the subject of the record and to the officials who supervise that person. An agency may not generally share personnel records with other agencies; however, it is implicit in the personnel records exemption that another agency charged with responsibilities related to personnel administration may have access to those records to the extent necessary to carry out its duties." Code of Maryland 17.04.14.10 states any current or former State employee may inspect and request copies of the personnel record maintained for the Department for that employee. Per an interview with a human resource administrator, upon an individual's completion of the authorization to release information, it is approved. At that point, the disclosure of substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work is authorized. Additionally, the background investigating team does reach out to other agencies to complete investigations of applicants.

Based on the review of policies, completed background checks for agency staff, volunteers, contract workers in addition to the completion of self-reporting requirements, an alert system of staff misconduct, the facility does meet all provisions of the standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. On-site visit observation 3. Interviews with: <ol style="list-style-type: none"> a. Warden b. Agency Head Designee <p>115.18(a)(b) The Audit Manual states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect inmates from sexual abuse. The Pre-Audit Questionnaire indicated that there has not been a substantial expansion or modification of existing facilities since the last PREA audit in 2020.</p> <p>An interview with the Agency Head Designee indicated when designing, acquiring, or planning substantial modifications to facilities the agency works to eliminate blind spots during the designing stage in addition to approving an increase in surveillance cameras throughout the new facilities to include additional cameras on housing unit tiers, within classrooms, and inmate dining while taking all security measures to provide a safe atmosphere for both staff and the inmate population.</p> <p>The Audit Manual states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department’s ability to protect inmates from sexual abuse.” The Pre-Audit Questionnaire noted the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit in 2020.</p> <p>An interview with the Warden indicated there has not been any substantial expansion or modifications to the facility since to the last PREA audit. Additionally the consideration and placement of cameras is reviewed in an effort to increase security of the facility and the safety of staff and the inmate population from sexual abuse while considering statistics (e.g. a prevalence if incidents), past problem areas, blind spots and evidence-based practices.</p> <p>The auditing team identified various areas that allowed blind spots of the inmates from staff supervision. Upon identifying the areas, corrective measures were initiated during the post audit phase: They were noted as the following: Two mirrors was installed in the rear on of the food bank corridor (left and right); one mirror was added</p>

	<p>in the rear of dish rooms #1 and #2; two mirrors were recommended for installation in the left and right rear of the MCE department. Photographs of the installed mirrors were submitted upon completion. A purchase request was submitted for the purchase of these mirrors, and documentation of the order was provided.</p> <p>Based on the review of policies, observation and initiation taken in the prevention of identified blind spots, and interviews analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. OPS 050.0001 Sexual Misconduct - Prohibited 3. OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 4. OPS IIU.110.0011 Investigation of Sex Related Offenses 5. COMAR 10-701 Internal Investigative Unit 6. OPS IIU.020.0002 Complaint Receipt, Documenting, and Processing Complaint Receipt, Documenting, and Processing 7. YesCare General Health Services Policy & Procedures 8. DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual Chapter 13 Sexual Assault on An Inmate 9. SAFE/SANE Resource List 10. Memo from Agency-Wide PREA Coordinator regarding Protocol 11. MCASA Website 12. MCASA Contact 13. PREA Investigative Case Files 14. Interviews with: <ol style="list-style-type: none"> a. IID Investigator b. Regional Director of Nurses c. Regional Social Worker Supervisor d. UPMC Medical Center Charge Nurse <p>115.21 (a) Confirmation of the DPSCS responsibility to meet the requirements of this standard is outlined in the numerous Departmental policies: OPS.050.0001 § .05D &G; YesCare General Health Services Policy & Procedures; DPSCS Office of Clinical Services/Inmate Health Medical Evaluations Manual Chapter 13; COMAR 10.12.02.03 and OPS.200.0005; IIU110.0011. An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the</p>

Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. A reported allegation of PREA related incidents is categorized as a Priority #2 on the Serious Incident Category Descriptions and is the part of the beginning stage of the investigation by the on-duty security shift supervisor. The shift supervisor is responsible for contacting the IIU Duty Officer for a case number. Per the IIU Investigator, detectives with the IIU Investigators are sworn law enforcement officers by the Attorney General in Baltimore and are authorized under Maryland law to conduct both administrative and criminal investigations. These investigators are assigned to the Internal Investigative Unit/Division. Directive IIU.110.0011, section .03 states, "The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator." Per an interview with an IIU Investigator, all reported PREA allegations are initially identified as criminal. However, upon the conclusion that no criminal acts were committed, the investigative case is continued and closed as an administrative case. All investigations criminal or administrative are tracked and conducted by the IID Unit. Interviews with random staff indicated they were aware and understood DPSCS protocol for obtaining usable physical evidence if an inmate alleged sexual abuse. All indicated they would utilize the first responder duties that include securing the area, separating the alleged victim from the alleged abuser, contacting their supervisor, and attempting to prevent those involved from destroying any and all physical evidence on their person and the identified area.

115.21(b) Comprehensive steps are outlined in the Maryland VAWA Forensic Compliance Guidelines, and COMAR10.12.02.03 details the steps in response to Alleged Rape or Sexual Offense Victim Care. The Agency provided a copy of the OPS. 200.0004 Inmate on Inmate Sexual Conduct Prohibited, the National Protocol "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents, "overview and a memo regarding the Protocol Conformity for the state of Maryland. IIU.110.001, states that when the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, the investigator will coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. IIU.220.0002 outlines the procedure for evidence collection including general guidelines, custodial investigator guidelines, temporally securing evidence and property, evidence room, collection and control, firearms, currency, controlled dangerous substance and inventory.

115.21(c) OPS.050.0001 states that if medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by (i) A Sexual Forensics Examiner (SAFE); (ii) Sexual Assault Nurse Examiner (SANE); (iii) If after documented attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct

medical forensics examination. WCI uses the University of Pittsburgh Western Maryland (UPMC-WM) Campus UPMC Medical Center for all forensic examinations. The Charge Nurse explained the hospital has a Sexual Assault Response Team that is called in upon an incoming individual report of sexual assault. The forensic nurse examiners program at the hospital offers treatment 24 hours 7 days a week by trained forensic nurse examiners for sexual assault victims. Although they are not on duty at the hospital 24/7, they are on call 24/7 and required to report to the hospital within 1 hour. Hospitals with SAFE Programs have specially trained Forensic Nurse Examiners (FNE) or physicians available to provide both medical attention and evidence collection services. Medical care provided during SAFE includes acute injury care and medication for the prevention of sexual transmitted infections (STIs), HIV, and pregnancy. A copy of the SAFE/SANE Resource List noted the identified UPMC-WM SANE assigned to conduct the forensic examinations. All services and medical care, including HIV prevention medication (nPEP), provided during a SAFE are free of cost. However, the inmate must consent to receipt of a forensic examination and all medical treatment.

115.21(d) DPSCS utilizes the Maryland Coalition Against Sexual Assault (MCASA) to provide victim advocacy services and serve as an agency for reporting PREA allegations of sexual abuse and sexual harassment. Inmates are given a MCASA brochure upon their arrival to the facility during intake in which services offered are explained in detail. MCASA indicates when receiving a forensic examination, the inmate will have the opportunity to receive victim advocacy services. These services will be provided by a local Rape Crisis Center or the hospital at where the services are being performed. Advocacy services include, but are not limited to, accompaniment during the exam, safety planning, and referrals for long-term services. WCI uses the local Hospital (UPMC-WM) for all forensic examinations. Per the PAQ and review of the investigative case files two (2) inmates received forensic examinations by a SANE at the UPMC-WM.

115.21 (e) OPS.200.0005, state if requested by the victim and services are reasonably available, the investigator shall have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigatory interviews; a qualified victim advocate; a Department employee who is not otherwise involved in the incident and has received education and training concerning sexual assault and forensic examination issues or has been appropriately screened and determined to be competent to serve in this role; or a non-Department community-based organization representative that who meets the criteria for a Department employee. Per IIU.110.0011, if the victim requests, the investigator will coordinate with the managing official or designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensic examination and investigatory interviews. If requested by the victim, the investigator shall permit a victim advocate to be present during the interview with the victim. DSPCS has entered into a contract for services with MCASA to provide crisis intervention, counseling and referral. The information also confirms that they provide individual, group and family psychotherapy. PREA Information Packet was reviewed, and it stated If requested by the victim and the services are reasonably available.

Additionally, since the issuing of inmate tablets, the inmates have access to conduct these free calls from their tablets throughout the facility. A review of the 17 sexual abuse investigative case files confirmed social workers documented services of a victim advocate were offered to each all inmates within 7 days of the reported sexual abuse allegation.

115.21 (f) The DPSCS Internal Investigative Unit (IIU) is responsible for investigations all sexual abuse and sexual harassment. Therefore, this provision is not applicable.

115.21 (g) Not applicable

115.21 (h) Victim advocate services are offered by the UPMC Medical Center as part of the forensic medical examination. Medical staff makes notification to the Sexual Assault Response Team (SART) that includes a victim advocate. Per an interview with the Regional Social Worker Supervisor, she indicated the social workers serve in the role of victim advocates to provide support to the inmate population within the facility. In addition to the Life Crisis Center and the Family Resource Crisis Center in Cumberland, MD. Per interviews with 4 inmates who reported sexual abuse, neither stated they requested victim advocate services, but was aware of the posters throughout the facility that identify outside resources. However, each inmate received services by a mental health /social worker that included emotional support as a victim advocate that consisted of several sessions for those who choose the services.

Based on the review of policies, sexual abuse protocol, facility victim advocate, investigative case files, interviews with social workers who serve as advocate advocates and the Life Crisis Center, local hospital who confirmed the SANE and victim advocate service, and inmates who reported sexual abuse, the facility has demonstrated compliance with all the provisions of the standard

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="256 185 983 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 342 1062 376">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="256 409 1118 1093" style="list-style-type: none"> <li data-bbox="256 409 943 443">1. WCI Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="256 477 1118 510">2. OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited <li data-bbox="256 544 919 577">3. OPS.050.0001 Sexual Misconduct-Prohibited <li data-bbox="256 611 1110 645">4. Directive IIU.110.0011 Investigating Sex Related Offenses <li data-bbox="256 678 568 712">5. PREA Tracking Logs <li data-bbox="256 745 549 779">6. Investigation Files <li data-bbox="256 813 517 846">7. Agency website <li data-bbox="256 880 517 913">8. Interviews with: <ol data-bbox="256 947 501 1093" style="list-style-type: none"> <li data-bbox="256 947 501 981">a. ID Investigator <li data-bbox="256 1014 400 1048">b. Warden <p data-bbox="256 1126 1477 1955">115.22(a) Directive IIU.110.0011, section .03 states, “The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.” Directive OPS.050.0001 and Directive OPS.200.0005 also indicates, “An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct.” The agency head reported that every allegation of sexual abuse or sexual harassment goes through IID. All investigations criminal or administrative are tracked by the facility and IID maintain an annual PREA tracking log of all reported sexual abuse and sexual reported allegations. PAQ indicated that there were 22 criminal investigations and 0 administrative investigations, however this was incorrect. In the past 12 months there were 22 allegations of sexual abuse and sexual harassment reported and 20 was completed during the site and reviewed by the auditing team. Two inmates on inmate sexual abuse allegations concluded with an investigative finding of substantiated and were completed as criminal investigations. The remaining 18 were completed as administrative investigations with investigative findings of unsubstantiated and or unfounded. Specifically, the investigations findings of the 20 completed cases are identified as the following:</p> <p data-bbox="256 2000 1286 2067">Inmate on inmate sexual abuse: 4 - unfounded; 8 - unsubstantiated.; 2 - substantiated.</p>

Inmate on inmate sexual harassment: 2 – unfounded; 0 – unsubstantiated; 0 substantiated.

Staff on inmate sexual abuse: 2 -unfounded; 1- unsubstantial; 0 - substantiated.

Staff on inmate sexual harassment: 1 – unfounded; 0 – unsubstantiated; 0 substantiated.

115.22(b) Directive IIU.110.0011, section .03 states, “The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.” An interview with the Warden and IIU Investigator noted that every allegation of sexual abuse and sexual harassment goes through IID Unit for an investigation.

115.22(c) (d) (e) Per interviews with the Agency Head designed, Warden, IID Investigator, and review of PREA investigative case files, DPSCS IID investigators are responsible for investigations of sexual abuse and sexual harassment. Information on how the public can report sexual abuse and /or sexual harassment allegations is located on the Agency’s website at <https://dpscs.maryland.gov/agencies/iid.shtml>. The website notes: “The Intelligence and Investigative Division conducts criminal and administrative investigations into allegations of serious misconduct within the Department of Public Safety and Correctional Services. In addition to conducting investigations within statutory authority, the agency is the department's liaison with allied federal, state and local law enforcement agencies, providing investigative services and support. The contact information is noted as Intelligence and Investigative Division Main number: 410-724-5720; Complaint Phone Number: 410-724-5742 at P.O. Box 418 8520 Corridor Road Suite H Savage, Maryland 20763.

Based on the review of agency policies, review of the completed investigative cases files submitted by the IID Investigators, and agency website, the facility has does meet all standard

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Pre-Service and In-Service Training Lesson Plans 3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 5. OPS 020.0026 PREA Compliance Policy 6. COMAR 12.10.01.16 Correctional Training Commission Requires Annual Training 7. PREA For Supervisors and Managers PowerPoint Lesson Plan 8. Security Staff Shift Briefing PREA Training 9. PREA Training Lesson Plans 10. PREA Training Records and Rosters 11. Interviews with: <ol style="list-style-type: none"> a. Random and Specialized Staff <p>115.31(a) The facility provided various policies, directives, and training records, and lesson plans for PREA training. Directive OPS.050.0001 states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: (1) Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” A similar requirement is included in Directive OPS.200.0005 which states , “the head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that (1) An employee attends approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct.”</p> <p>Additionally, COMAR 12.10.01.16 Correctional Training Commission requires completion of annual training by December 31st of each calendar year. PREA training is part of the annual training curriculum. DPSCS utilizes two PREA lesson plans. A Correctional Entrance Level Training Program (for new employees) and a Correctional In-Service Training Program (for current employees). Both lesson plans are similar in content. Training is two hours, lecture based with a slide presentation, and followed by a test. Staff must score 75% or better in order to complete the training. The lesson plans cover the 10 topics specified in this provision.</p>

A review of staff training records confirm staff completed the required PREA training. Random staff interviews indicated in-service training is provided annually during Day 3 in-service training. The training department tracks staff progress via computer-generated spreadsheet to ensure completion of training. Furthermore, anyone who did not complete training or may have been unable to attend for various reasons (i.e. injury, illness, schedule conflict) and would be required to make up any missed training by the required deadline. 100% of random staff interviewed reported that in-service training contains all the information required by this provision.

The WCI PAQ indicates that 100% of staff have received PREA training. Although the majority of security staff expressed knowledge of the PREA standards, the auditing team identified staff would benefit from additional PREA training with emphasis on their responsibilities when inmates report allegations and professionalism. Therefore, the auditing team recommended refresher PREA training be conducted with all security staff during all shift briefings regarding staff responsibilities in responding to reports of sexual abuse and/or sexual harassment. Documentation was presented during the post audit period that confirmed refresher training was completed while staff documented their signature as receiving the training. Additionally, the DPSCS PREA Coordinator presented intense refresher PREA training to all managers and supervisory staff to include correctional security supervisors during the post audit phase. A copy of the PowerPoint Lesson Plan and signature sheet of staff in attendance was provided for review.

115.31(b) OPS 020.0026, states, "Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa." Training is designed for officers to be able to function in both female and male facilities. WCI does not house female inmates.

115.31(c) OPS.020.0026 states, "All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the Department shall provide each employee with refresher training every two years to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the Department shall provide refresher information on current sexual abuse and sexual harassment policies." All staff are required to complete in-service training annually that includes PREA education.

115.31(d) OPS.020.0026 states, "The Department shall document, through employee signature or electronic verification, that employees understand the training they have received." COMAR 12.10.01.16 Correctional Training Commission section F(3) states, "An agency head or training director sending a mandated employee to another academy for Commission-approved mandated employee training shall maintain records of in-service training and firearms training and qualification provided by the academy conducting the training until audited by the Commission. A review of staff training records was conducted, and staff signatures served as confirmation of receipt to include confirmation of refresher training for all staff during the post audit phase.

	Based on the review of policies, training lesson plans, training records, refresher PREA training during post audit, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.
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115.32	Volunteer and contractor training
	<p data-bbox="256 185 983 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 342 1062 376">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="256 409 1114 1014" style="list-style-type: none"> <li data-bbox="256 409 943 443">1. WCI Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="256 477 938 510">2. OPS.050.0001 Sexual Misconduct - Prohibited <li data-bbox="256 544 940 577">3. DPSCS Volunteer Services Orientation Manual <li data-bbox="256 611 1114 645">4. WCI Volunteer/Contractor Signed PREA Acknowledgement <li data-bbox="256 678 512 712">5. DPSCS Website <li data-bbox="256 745 520 779">6. Interviews with: <ol data-bbox="256 813 667 1014" style="list-style-type: none"> <li data-bbox="256 813 667 846">a. Religious Service Chaplain <li data-bbox="256 880 647 913">b. Volunteer Activity Officer <li data-bbox="256 947 491 981">c. Contract Staff <p data-bbox="256 1037 1474 1462">115.32 (a), (b) Directive OPSP.050.0001 states an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and Includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools thus, these identified groups are subject to the same type of training as employees. Directive OPS.050.0001 states, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct."</p> <p data-bbox="256 1485 1474 1865">Volunteers complete an application to become a volunteer on-line through the DPSCS website. The auditor verified an informative page on the DPSCS website specifically for volunteers, with contacts for further information as well as other convenient links. The Volunteer Orientation Manual on the DPSCS website provide training to include their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per the Department policy and procedures. The DPSCS .020.0026, Prison Rape Elimination Act Federal Standards Compliance and OSPS. 050.0001 Sexual Misconduct - Prohibited are included for review under-Volunteer Forms: Additional Material.</p> <p data-bbox="256 1888 1474 2067">The PAQ identified 126 volunteers and contract staff. The auditor was provided receipt of PREA training for 18 volunteers, 45 contract vendors, 4 - mental health, 2 - Next and 1 Keefe. Keefe and contract vendors are always escorted. Additionally, contract vendors do not have direct contract with the inmate population. Signed PREA</p>

acknowledgement forms were provided for review. Medical, mental health and educational staff were available for interviews and acknowledged they were notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment and how to report it. Each stated they would report to a security supervisor and their immediate supervisor.

Per the PCM, most contractors attend in service using the department's PREA lesson plan. Volunteers and contractors who have minimal inmate contact are trained using the volunteer manual. Contractors who come in one time only are given a PREA sign off information sheet. Review of documentation indicated the volunteers and contractors have received training based on the services they provide and level of contact they have with inmates.

115.32(c) The Volunteer Coordinator is responsible for providing training to all volunteers. The Volunteer Orientation Manual is provided to each volunteer and includes a signed and dated agreement by the volunteer and witnessed by the trainer. The agreement indicates the volunteer understands and will comply with the requirements provided to them in the Orientation Guide, rules of conduct, written guidelines and handouts provided and explained to them during orientation. Pages 21-23 in the Volunteer Orientation 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. Additionally, the volunteer coordinator reviews PREA information with them, including zero tolerance for sexual abuse and sexual harassment, that incidents must be reported and how to report. There were no volunteers scheduled at the facility during the site visit to conduct interviews.

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

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 3. DPSCS Executive Directive OPS.020.0032 LEP Policy 4. PREA Hotline signs (English and Spanish) 5. WCI Inmate handbook 6. PREA Sexual Assault Awareness Brochure (English and Spanish) 7. PREA Training Acknowledgement Inmate Education 8. MCASA Maryland Coalition Against Sexual Assault (MCASA) Brochures 9. Inmates Signatures Acknowledging Inmate Handbook/ PREA Video 10. PREA Education on Inmate Issues Tablets 11 Observation on site 12. Interviews with: <ol style="list-style-type: none"> a. Intake Staff b. WCI PCM c. Random and Targeted Group Inmates <p>115.33(a)(b) (c) Executive Directive OPS.050.0001 states that Receiving and ID departments are responsible for providing inmate orientation. Under this directive, they shall ensure that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate-on-inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation. An interview with Property Officer/Intake Officer indicated upon the inmates’ arrival at the facility, the inmates are given a WCI Inmate Handbook and the inmate signs as receiving it. He added additionally as of August 3, 2023, the facility began issuing all inmate tablets that contain PREA education which each inmate is required to acknowledge upon logging into their assigned tablet.</p> <p>The WCI PAQ noted 571 inmates arrived at the facility within the 12-month review period and received PREA education upon their arrival. The auditing team randomly selected 65 inmates for confirmation of receiving PREA education. Inmates were</p>

noted as signing the PREA Training Acknowledgement Inmate Education form and/or being issued one by staff during COVID-19 quarantine that they received the WCI Handbook. The PREA Education is included in the WCI Inmate Handbook on pages 5-8.

Effective August 3, 2023, staff began issuing all WCI inmates personal tablets to maintain in their possession. During the interview process with 30 random and 23 targeted group inmates each acknowledged viewing the PREA video on the housing unit televisions that is shown regularly. Additionally, the inmates each acknowledged receipt of tablets and their requirement to acknowledge PREA education on the tablet prior to being granted full access to the available apps. The lead auditor requested inmates in various housing units to demonstrate and/or explain use of the tablet where PREA information is located and was presented with the PREA information under "Notices." The auditing team confirmed the PREA information installed on the tablet is presented through YesCare (medical). The literature on the inmate tablets gives information on the agency's zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report sexual abuse and sexual harassment and is continuously accessible to the inmates.

115.33(d) Directive OPS.050.0001 section .05C(5) states, "Procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct to any one or all of the parties listed under §.05E(4) of this directive." When necessary, telephone interpretation services are needed, the available services are through the Language Line. Inmates interviewed included inmates with a variety of disabilities that included, low vision, physical disabled, hard of hearing, and LEP and all indicated they received PREA education in a manner they understood to include on the inmate channel, PREA posters posted throughout the facility, PREA information on their issued tablets and information included in the inmate handbook. PREA information is also provided in both English and Spanish and is in large font.

115.33 (e) The auditor requested a random selection of 65 inmates for confirmation of receiving PREA education. Signature documentation was presented indicating all inmates received PREA education via the WCI Inmate Handbook, and/or PREA video. The inmates' receipt of PREA education through the use of their assigned tablets were also confirmed during the site visit. Inmates also acknowledge observing the PREA video as it has been regularly shown on the inmate's TV channel.

115.33 (f) PREA information was observed to be readily available to the inmate population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the institution. Signage was observed to be available in English and Spanish. Inmates are provided with personal tablets, that includes accessibility for free calls to report through the PREA Hotline and receive outside facility support services through MCASA and the Life Crisis Center.

Based on the review of policies, inmate handbook, inmate orientation sheets, continuous PREA education posted throughout the facility, confirmation of inmate viewing the PREA video through the inmate television channel and PREA education on

	the inmate tablets accessible to them 24/7, the facility does meet all provisions of the standard.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. OPS.050.0030 Sexual Misconduct - Prohibited 3. OPS. 200.0004 Inmate on Inmate Sexual Misconduct - Prohibited 4. Documentation of Specialized Training for Agency Investigators 5. MD Code 10-701 Internal Investigation Unit 6. Lesson Plan – Specialized Training: Investigations 7. Interview with: <ol style="list-style-type: none"> a. IID Investigator <p>115.34(a) OPS.200.0004 states that to the extent possible, but in every case where the allegation of alleged inmate on inmate sexual conduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) Interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings protecting against self-incrimination; (c) Sexual abuse evidence collection; and (d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution. The Internal Investigative Division (IID) has jurisdiction over both administrative and criminal investigations. IID handles all allegations of sexual abuse and sexual harassment. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers. The IID will determine if the allegation will be investigated locally by facility staff or investigated by an IID detective. The Maryland Police and Correctional Training Commission Lesson Plan – Specialized Training: Investigations which is required of all IID detectives before conducting sexual abuse and sexual harassment investigations was reviewed and covers the requirements of this standard. Upon completion of training IID Investigators are issued a certificate of completion indicating that they have successfully completed training in conducting PREA: PREA Specialized Training.</p> <p>115.34(b) The Lesson Plan – Specialized Training: Investigations is the curriculum utilized to train staff in the conduct of sexual abuse and sexual harassment investigations. In the “General Comments” section on page 2 states, “This lesson plan is intended for use with Department personnel assigned to conduct an investigation of an allegation of misconduct that involves a sex related offense. This lesson will</p>

give participants the information they will need to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act.” This includes the definition, purpose and history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations. The specialized training for investigators is a 7-hour training program including a slide presentation, video presentation, role play activities, handouts and a comprehensive knowledge test. Staff must score 75% or better in order pass the training course.

115.34(c) The WCI PAQ noted the agency has 36 investigators employed to conduct sexual abuse investigations. These 36 investigators are assigned to the IID and are assigned to institutions by regions. Certificates of NIC investigator training and PREA training confirmation for IID investigators was provided for review.

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

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive DPSCS.020.0026 PREA Federal Standards Compliance 3. CORIZON (YesCare) Response to Sexual Abuse Lesson Plan 5. Corizon (YesCare) Training Certificates 6. Training records 7. Medical and Mental Health Training Presentation 8. Interviews with: <ol style="list-style-type: none"> a. Medical and Mental Health Staff <p>115.35(a) (b) (c) (d) Directive OPS.050.0001 defines “employee” as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C (1) states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” Mental health staff consist of both contract and DPSCS employees. All are required to complete the agency’s PREA training and specialized training for medical and mental health staff. Medical staff are contracted through YesCare previously known as Corizon. The contract mental health staff are contracted through Centurion. Per interviews with both medical and mental health staff, the training is completed on-line via the Corizon Health Site Staff Orientation Clinical Module – PREA & Corrections training and General Health Services Policy & Procedures title Response to Sexual Abuse. DPSCS mental health staff also presented certificates of completion for “PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting Presented by the National Institute of Correction.” Per these staff they receive specialized PREA training and PREA training pursuant to 115.32 and 115.31 as applicable upon hiring in addition to annually. A review of the training curriculum confirmed that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ identified 100 medical and mental staff who have contact with the inmate population, The auditor selected 14 medical and mental staff for confirmation of specialized PREA training. with no discrepancies noted.</p> <p>During interviews with medical and mental health staff they indicated they received</p>

	<p>PREA training from both WCI and their contracting agency while confirming the training covered the topics required by this provision.</p> <p>115.35(b) The agency nor the facility conducts forensic medical exams. All forensic examinations are performed off-site at a local medical facility.</p> <p>115.35(c) (d) The auditor reviewed training records showing all medical and mental health staff attended and passed the agency PREA training. The auditor also reviewed training certificates indicating all medical and mental health staff attended specialized training.</p> <p>Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p data-bbox="256 185 983 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 342 1062 376">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="256 409 1313 1137" style="list-style-type: none"> <li data-bbox="256 409 943 443">1. WCI Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="256 488 1313 566">2. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness <li data-bbox="256 600 788 633">3. PREA Intake Screening Instrument <li data-bbox="256 667 616 701">4. Inmate Screening Files <li data-bbox="256 734 520 768">5. Interviews with: <ol data-bbox="256 813 647 1137" style="list-style-type: none"> <li data-bbox="256 813 647 846">a. DPSCS PREA Coordinator <li data-bbox="256 880 421 913">b. WCI PCM <li data-bbox="256 947 580 981">c. Property/Intake staff <li data-bbox="256 1014 512 1048">d. Case Managers <li data-bbox="256 1081 815 1115">e. Random and targeted group inmates <p data-bbox="256 1171 1473 1955">115.41(a) Directive OPS.200.0006 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the Department of Public Safety and Correctional Services to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Policy further states the Department shall use a screening instrument as part of the intake and facility transfer process and at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates. The Department shall appropriately apply information obtained from assessing an inmate's risk related to sexual victimization and abusiveness to decisions concerning areas, such as inmate housing, programming, treatment, and work assignments in order to minimize circumstances that contribute to incidents of victimization or abusiveness. DPSCS uses the PREA Intake Screening form during the risk screenings. The DPSCS PREA Coordinator is responsible for ensuring the development and procedures for use of the approved screening instrument protocol identified in all provisions of this standard to include ensuring each managing official designated sufficient intake, custody, or case management staff to assess each inmate within 72 hours of arrival at the facility. The policy also dictate case management staff are to re-assess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness.</p> <p data-bbox="256 2000 1445 2078">Case managers and the property officers are responsible for ensuring the screening instrument is used to objectively assess an inmate's risk of victimization and/or an</p>

inmate being sexually abusive. A random sample of 65 inmate PREA Intake Screening forms was selected for review. 100% of the submitted sample was screened using the PREA Intake Screening form that included both the 72 hours and 30-day risk screenings. The Property Officer is assigned to conduct the initial risk assessment upon an inmate's arrival at WCI. An interview with the Property Officer indicates the PREA Intake Screening is the form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates. Inmates are scored on their responses and at that time the inmate is identified as at risk of victimization and/or risk of abusiveness and/or neutral. Overall inmates interviewed reported being asked questions related to the PREA Intake Screening form at least once.

115.41(b) Directive OPS.200.0006, section .05B(1) states, "That each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential for abusiveness within 72 hours of arrival at a facility". The PAQ indicated that 571 inmates had been admitted with a stay longer than 72 hours. The facility's risk assessments does include the information that would allow staff to assign a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The review identified the requested documentation was not presented for 5 selected inmates. However, the facility did present confirmation of 60 risk assessments completed within 72 hours of the inmates' arrival. Interviews with 30 random inmates and 23 targeted group inmates, received a variety of responses of yes and no in reference to completing a risk assessment upon arrival at WCI.

115.41(c) Directive OPS.200.0006, section .05A requires the implementation of a screening instrument and cites the criteria utilized to perform the risk assessment. The PREA Intake Screening form is the agency-approved standardized screening instrument. The PREA Intake Screening form is a one-page form that assigns a numerical point value to questions regarding risk of victimization and risk of abusiveness categories. The form considers 12 separate inmate risk of victimization factors and risk of abusiveness factors. Each risk factor is assigned a numerical point value based on the information obtained from an interview with the inmate and information from the inmate record during the initial screening.

115.41(d) The auditor reviewed the screening instrument and instructions and found that it addresses the identified nine criteria required by this provision. The PREA Intake Screening does not consider whether the inmate is detained solely for civil immigration purposes. However, documentation indicates that the DPSCS does not house inmates solely for civil immigration purposes. Interviews with staff who conduct the risk screening indicated the risk assessment includes the criteria per the standard and all require a yes or no response..

115.41(e) The PREA Intake Screening factors considered in the risk of abusiveness category include prior acts of sexual abuse, prior convictions for violent offenses and a history of prior institutional violence or sexual abuse. The instrument also considers a history of violent crimes including pending and current charges and a history of domestic violence including pending and current charges. A review of the PREA Intake Screening form revealed it does consider all the criteria required by this provision.

115.41(f) Directive OPS.200.0006, section .05B (2) requires case management staff to reassess each inmate within 30 days of the inmate's arrival at the facility. The PREA Intake Screening form is utilized to conduct the 30-day risk screening reassessment. The PAQ indicated WCI admitted 571 inmates whose stay was longer than 30 days. Per an interview with staff assigned to conduct risk assessments, staff meets with the inmates within 30 days of the inmate's arrival for the completion of the 30-day reassessments. A random sample of 65 inmates' PREA Intake Screening forms was reviewed for compliance with the reassessment being completed within 30 days of arrival. The review identified 52 were documented as compliant with the 30-day reassessments. However, the review also identified 8 were not completed within 30-days and no documentation was presented for 5 inmates.

In person, refresher training was provided to all Case Managers and intake staff on the completion of risk screening for both 72 hour and 30 -day reassessments by the DPSCS PREA Coordinator during the post audit phase. All staff in attendance acknowledged by signature their receipt of training. The completed training served as corrective measures for compliance with the standard.

115.41(g) Directive OPS.200.0006, section .05B (4) requires case management staff to re-assess an inmate's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness. The PREA Intake Screening form is utilized to conduct all re-assessments. Staff who perform risk screening indicated that a re-assessment is conducted upon receiving any additional information that could reflect the inmate's risk scoring, to include an inmate's assignment as a transgender, and/or an inmate is identified as a victim of sexual abuse and/or an aggressor of sexual victimization as indicated during a PREA investigation, in addition to new criminal charges and information that could affect an inmate's scoring. Two sexual abuse investigations received a substantiated investigative finding. Documentation supported staff utilized the PREA Intake Screening forms to reclassify the applicable inmates as prior victims and the aggressors as prior abusers.

115.41(h) Directive OPS.200.0006, section .05B (5) states that inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening were interviewed and reported that an inmate is not disciplined for refusing to respond or for not disclosing complete information and stated most inmates are cooperative and provide responses. Interviews with intake staff and case management staff who perform risk screening indicated inmates are never disciplined for refusing to answer questions asked during the PREA risk screening process.

115.41(i) Directive OPS.200.0006, section .05B (6) requires, "Appropriate controls to be in place for facility dissemination of information collected during screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates." Upon completion, the PREA Intake Screening form is placed in the inmate's base file. Inmate files are secure in a designated area, and accessibility is given to limited staff. Case Management staff ensure screening information is entered in the Offender Case Management System (OCMS). The OCMS system has limited

access, is password protected, and confined to case management staff with user profile access. Per the DPSCS PREA Coordinator, the inmates' PREA Intake Screening forms/information is accessible only to authorized staff with a need to know and is maintained in a secure manner that is not accessible to all. Staff who perform risk screening indicate the risk assessments are kept in the secured file room in the Operations area accessible only to case management staff.

Based on the review of the agency's policy and review of the standardized instrument form (PREA Intake Screening), the agency has developed policy and procedures to meet all provisions of the standard. Although documentation did not support 13 risk screening assessments were completed timely, to include 72 hours, 30-day reassessments and or both, 52 of the 65 requested did meet all provisions of the standard. Additionally, the DPSCS PREA Coordinator provided training to all staff who conduct risk screening on the agency's risk screening policy and the PREA standards doing the post audit phase. Therefore, WCI does meet all provisions of the standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> 1. WCI Completed PAQ 2. Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness 3. PREA Intake Screening Instrument 4. Completed Risk Assessments 5. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. WCI PCM c. Intake Staff/Case Managers/Staff assigned to conduct risk assessments. <p>15.42(a) Directive OPS.200.0006, section 5C(1)(a) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: (1) Screening information shall be considered: (a) When making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive." The facility does not house victims and abusers together. Relevant alerts shall also be placed on all facility and agency data systems by case management to assist in housing and programming decisions. Housing decisions should be made using the PREA Compatibility Rules. Staff who perform screening reported that inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. The facility identified 16 inmates with a history of prior abusiveness and 9 inmates with a history of sexual victimization. The auditing team selected 3 prior aggressors and 3 prior victims for cell assignments. The review identified all prior aggressors and prior victims were either housed alone and/or with inmates who were not identified as the opposite. Therefore, all inmates were housed appropriately based on the results of their risk screening score.</p> <p>115.42(b) Directive OPS.200.0006, section .05C(1)(b) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: When making individualized determinations as how to ensure the safety of each inmate." As indicated above, the information from each inmate's individual risk screening is</p>

reviewed and utilized to keep inmates safe. Interviews with Case Management staff indicated the information from the inmate's screening is used to provide safety during the assignments of jobs and programs.

115.42(c) Directive OPS.200.0006 states, "When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case-by-case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The WCI PCM indicated there are five (5) transgender inmates at WCI.

115.42(d) Directive OPS.200.0006,.05C(2) states, "Placement and programming assignments for each transgender or intersex inmate shall be re assessed at least twice each year to review threats to safety experienced by the inmate." The inmate's own views with respect to his safety shall be given serious consideration." A review of the PREA Intake Screening form revealed it does affirmatively inquire as to whether an inmate is transgender or intersex. The WCI PCM indicated that transgender inmate placement and programming assignments would be reviewed with the case management team. Case Management staff also indicated they was knowledgeable of the requirement to conduct six (6) months reassessments on transgender inmates. Documentation was presented that supported each of the five (5) transgenders received timely bi-annual assessments based on their arrival at WCI.

115.42(e) Directive OPS.200.0006, section .05C (3) states, "A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered." Transgender and intersex inmates can request a personal search exception card issued by the warden which allows the inmate to be searched by staff of a preferred gender. Staff who perform risk screening reported when the facility receive an inmate identified as transgender and/or intersex, their own views of safety would be considered. WCI issues transgender inmates a personal search card upon approval by the Warden. Interviews were conducted with five (5) transgenders who stated they were able to express safety concerns with staff.

115.42(f) Directive OPS.200.0006, section .05C (4) states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PCM indicated that transgender and intersex inmates are given the opportunity to shower separately from other inmates. Facility practice would be to allow transgender or intersex inmates to shower during off hours from other inmates. Transgender inmates interviewed stated they are given an opportunity to shower separately from other inmates. This practice was observed during the site visit.

115.42(g) Directive OPS.200.0006, section .05C (5) states, "Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates." The PCM indicated that WCI does not house lesbian, gay, bisexual, transgender, or intersex

inmates in dedicated units or wings. The auditor interviewed inmates who was identified as 1 gay, 2 bi-sexual and 5 transgenders. Each confirmed during the interview process that they have not been placed in designated housing units or wings. Per the DPSCS PREA Coordinator, the State of Maryland does not have a consent decree. Direct observation and a review of housing assignments corroborated with inmate and staff interview results as the transgenders were housed in various housing units throughout the facility.

Based on the review of policies, housing assignments, completed bi-annual assessments for transgenders, interviews and analysis, the facility has demonstrated compliance with all the provisions of the standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DOC.100.002 Case Management Manual 3. WCI .050.0001.1 Sexual Misconduct - Prohibited 3. Interviews <ol style="list-style-type: none"> a. Warden b. WCI PCM c. Staff Assigned to Supervise Segregation <p>115.43(a) The DOC- Case Management Manual section .18E (1)(a)-(f) states, "Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. Alternatives may include, but are not limited to: (a) Transfer of the inmate to a different housing unit within the facility; (b) A lateral transfer of the inmate to another facility of the same security level; (c) Transfer of the inmate's documented enemy or enemies to another facility; (d) Transfer of the inmate to another state under the provisions of the Interstate Corrections Compact (ICC); (e) Transfer to MCAC (in exceptional circumstances only); or (f) Assignment to home detention (if eligible). The PAQ noted no inmates were held in involuntary segregated housing in the past 12 months for more than 30 days. The Warden indicated the facility does not place inmates at a high risk of sexual victimization in involuntary segregation, however they may be placed in administrative segregation for normally not longer than 72 hours pending an assessment/investigation.</p> <p>115.43(b) The DOC-Case Management Manual section .18F(1)-(17) states in part that an inmate assigned to administrative segregation or protective custody shall be subject to the conditions of confinement and those conditions of confinement outline opportunities that have been limited, and the duration of these limitations. Opportunities for those in protective custody include institutional movement, hygiene, property, out-of-cell activities, access to health care, case management, education, library, legal, visits, religion, food, mail, commissary, and segregation status. The rationale for any limitations would be documented on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation.</p> <p>In accordance with WCI .050.0001.1 inmates at high risk of sexual victimization shall not be placed in involuntary segregation unless an assessment of all available</p>

alternatives has been made and a determination has been that there is no available alternate means of separations from likely abusers. If an assessment cannot be immediately conducted, the victim may be housed less than 72 hours while completing an assessment. The policy dictates the inmate's access to programs, privileges, and education while requiring documentation of instances of these programs restriction. However, per the Warden, PCM, and staff who supervise segregation indicated WCI does not place inmates at a high risk of victimization sexual abuse in involuntary segregation but may be placed in administrative segregation where restriction are less and are not held normally beyond 72 hours. There were zero inmates placed in involuntary segregation due to being at a high risk of victimization sexual abuse during the site visit.

115.43(c) The PAQ noted no inmates were held in involuntary segregated housing for longer than 30 days in the past 12 months awaiting completion of assessment. The review of the investigative case files did not indicate inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months. The Warden indicated the facility does not place inmates at a high risk of sexual victimization in involuntary segregation, however they may be offered safety in administration segregation which normally is for 72 hours pending an assessment/ investigation. Administrative segregation is less restrictive.

115.43(d) The DOC- Case Management Manual section .18E requires the use of the Administrative Segregation Investigative Report and Notice of Assignment to Administrative Segregation to document the basis for concern and reasons why no alternative means of separation can be arranged. The Notice of Assignment to Administrative Segregation is provided to the inmate and provides the inmate a rationale for placement. Per a review of the 20 completed investigative case files, inmates were not placed in involuntary segregation.

115.43(e) The DOC - Case Management Manual section .18B(2)(c) requires a case management team review each case at least once every 30 days. As indicated in provision (c) above no inmates were held in involuntary segregated housing for longer than 30 days. The Warden was aware of the requirement for 30 days reviews but indicated inmates have not been held in involuntary segregated housing for longer than 30 days due to high risk for sexual victimization.

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

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 4. WCI 050.0001.1 Sexual Misconduct Prohibited 5. Agency PREA Lesson Plan 6. PREA Investigative Case Files 7. PREA Posters 8. Inmate Handbook 9. Inmate Issues Tablets 10. MCASA Brochure 11. Interviews with: <ol style="list-style-type: none"> a. Random staff b. WCI PCM c. Random Inmates <p>115.51(a) Directive OPS.050.0001, section .05E (1), OPS.200.0005 section 5 (E) and discusses methods on how a complaint of alleged sexual misconduct may be submitted in the following formats: (a) In writing (includes electronic documents); or (b) Verbally. A complaint of alleged inmate on inmate sexual conduct may be submitted by (a) the victim; (b) an individual with knowledge of an incident of alleged inmate on inmate sexual conduct; or (c) a third-party or other individual who has knowledge of the alleged inmate on inmate sexual conduct. Additionally, section E(4) states that to effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct with any one or all of the following without regard to chain of command or assignment: (a) Within the Department: (i) An employee; (ii) A supervisor, manager, or shift commander; (iii) The head of a unit; (iv) The Intelligence and Investigative Division (IID); (v) The Inmate Grievance Office, Inmate Handbook and the PREA and Sexual Assault Awareness brochure, PREA posters, and information on the inmate's housing units bulletin boards contain information on how to report sexual assault.</p>

WCI 050.00001 states any WCI employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. They may be in writing, verbal, anonymous or from third parties. Verbal reports must be documented promptly but not later than by the end of shift. Inmates and staff also have access to a toll free hotline number which will refer any reports back to the institution for investigation. Random inmate interviews indicate that all inmates were aware of the reporting options available. They indicated there is signage on walls for the hotline and calling the hotline number and utilization of the tablet to report was a common responses. Random staff interviews indicated all staff were aware of the internal reporting options available to the inmates and themselves. The auditor requested an inmate to demonstrate usage of their issued tablet and how he could report PREA allegations and confirmed the available service was accessible and free to the inmate.

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 both indicate that they allow inmates to make a report of sexual abuse or sexual harassment outside the department to the Office of the Attorney General or any other private or public office. DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide advocacy services statewide. MCASA also receives reports of sexual abuse and sexual harassment from inmates as an external reporting entity. Posting are on the inmates' housing unit bulletin boards on the various methods to report sexual misconduct to include the JUST Detention International (JDI). The Intake & Reception Sheet list the contact information for the following outside agencies to report allegations of sexual misconduct: CASA, Inc. 116 West Baltimore Street, Hagerstown, MD 21740 @ (301) 739-4990; Hotline (301) 739-8975; Rape Abuse and Incest National Network (RAINN) @ (800) 656-4673; National Sexual Abuse Hotline @ (800) 656-Hope; MCASA PO Box 8782 Silver Spring, MD 20907 @ (301) 328-7023. A review of case files indicated inmates were aware of the PREA Hotline and reported through the Life Crisis Center. An interview with the mailroom staff indicated inmates were allowed to forward confidential mail to the identified outside resources in addition to the auditor whose information was posted throughout the facility. Per the WCI PCM, the facility has received notification of reported inmate allegations of sexual abuse through the PREA Hotline and those allegations were referred for investigations by the IID Unit.

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

115.51(c) Directive OPS.050.0001 and Directive OPS.200.0005 requires an employee receiving a complaint of sexual abuse or sexual harassment to immediately report the complaint to a supervisor, manager, shift commander, or head of the unit and subsequently document the report in a written format. Additionally, reports of sexual abuse or sexual harassment may be submitted verbally, in writing (including electronic documents), anonymously, and by third parties. Inmates also have access to a toll-free hotline number which allegations are referred for and investigation. The PREA Hotline numbers are accessible to the inmates via the inmate telephone system and their issued tablets. Inmate interviews indicated they were aware they could report sexual abuse or sexual harassment either verbally, in writing, anonymously, or via third parties in addition to through their issued tablets. Random interviews with

staff also indicated inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Staff indicated they would immediately notify their supervisor and document any verbal reports of sexual abuse or sexual harassment.

115.51(d) Directive OPS.200.0005 and the agency PREA Lesson Plan governs the mandate of the standard provision that states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice with regard to privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline or notifying a supervisor as their primary method to make a private report of sexual abuse or sexual harassment.

The facility reported 22 sexual abuse and sexual harassment allegations during the 12-month review period. A review of the 20 completed investigations indicated inmates elected various methods to report their allegations to include via the PREA Hotline (Life Crisis Center), third party (family member), verbally to staff, through the submission of a sick call request, an ARP that was referred to the IID Unit for an investigation, letter to the Commissioner, and via written notes to staff.

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

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. COMAR 12.02.28 DPSCS Administrative Remedy Procedures to Resolve Inmate Complaints 3. Interviews with: <ol style="list-style-type: none"> a. WCI PREA Compliance Manager b. WCI Grievance Officer <p>Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures (ARP) to Resolve Inmate Complaints, Section .04B), An inmate may not use the ARP to resolve a complaint concerning: (5) The following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. If a complaint is made through the ARP, it is treated as any other written form of reporting and forwarded directly to the supervisory correctional staff on duty, PCM and to IID to be processed for investigation. Per the WCI PCM, and WCI Grievance Officer, all reported allegations are addressed immediately and reported to the IID Investigators for a thorough investigation. A review of the 20 completed PREA investigative case files indicated one (1) allegation of sexual abuse was reported through the ARP and was forwarded to the IID Unit for an investigation. The investigation was concluded as unsubstantiated.</p> <p>DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this standard.</p>

115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 4. Maryland Coalition Against Sexual Assault (MCASA) Brochure 5. DPSCS PREA and Sexual Assault Awareness Brochure 6. PREA Intake and Reception Sheet 7. PREA Posters 8. Interviews with: <ol style="list-style-type: none"> a. Inmates Who Reported Sexual Abuse b. Formal and Informal Inmate Interviews <p>115.53(a) (b) Upon arrival inmates are provided the Maryland Coalition Against Sexual Abuse (MCASA) Brochure which informs inmates about services (including confidential emotional support services) provided through MCASA prior to departing Intake & Reception. Prior to accessing services inmates are informed to the extent to which their communications will be monitored. The brochure is a guide for prisoners, advocates, and allies and includes information for inmates to report sexual misconduct to outside confidential support services. The services noted in the brochure include the following counselling services: (1) ALLEGANY Family Crisis Resource Center 146 Bedford St., Cumberland, MD 21502 Hotline (301) 759-9244; (2) ANNE ARUMDEL Sexual Assault Crisis Center 1517 Ritchie Hwy, Suite 101, Arnold, MD. 21012, Hotline: (410) 222-6068;(3) BALTIMORE CITY TurnAround, Inc., 1800 North Charles St., Suite 404, Baltimore, MD 21218, Hotline (401) 828-6390; (4) ST. MARY'S Walden-Sierra, Inc. 30007 Business Center Dr., Charlotte Hall, MD 20622 Hotline: (301)863-6661; SOMERSET, WICOMICO, WORCESTER Life Crisis Center, Inc. P.O. Box 387, Salisbury, MD 21803 Hotline: (410)749-4357; (5) WASHINGTON CASA, Inc 116 West Baltimore St. Hagerstown, MD 21740 Hotline: (301) 739-8975.</p> <p>The facility provides inmates with access to outside victim advocate for emotional support service related to sexual abuse by giving them mailing addresses and telephone numbers including toll-free hotline numbers where available, of State, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between inmates and these organizations and agencies,</p>

in as confidential a manner as possible. Telephone calls to these agencies may be monitored. Written communication will remain confidential. The Intake & Reception Sheet for WCI list the following: (1) CASA, Inc., 116 West Baltimore St., Hagerstown, MD 21740 (301)739-4990; (2) Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring , MD. 20907 (301) 328-7023/(800) 983-7273; (3) Sexual Assault Legal Institute P. O. Box 8782 Silver Spring, MD 20907 (301)-564-2277/(877)-496-SALI; (4) Just Detention International 1900 L St, NW, Suite 601 Washington, DC, 20036 (202) 506-333; (5) RAINN Rape, Abuse & Incest National Network which does have accept written correspondence but provides a telephone number of (800) 656-4673. The inmates are issued personal tablets in which they can make free calls to the listed centers.

MCASA posters are installed throughout the facility to include in all inmate housing, visitation, program areas and work assignments. The posters identify advocacy services that are available by calling the 855-971-4700 to the Life Crisis Center which is under the umbrella of MCASA. In addition to the inmate's accessibility to utilize the inmate public telephones, inmates have access to complete these calls on their personal tablets. Interviews conducted with random, targeted group inmates to include informal interviews during the tour, confirmed the inmate's knowledge of the outside advocacy services. The auditor requested an inmate to complete a call to the identified number and the auditor personally spoke with staff at the Life Crisis Center while confirming the available service. Interviews conducted with the inmate population confirmed they were also able to complete these calls from their personal tablets. There were no documentation and/or interviews with four (4) inmates who reported allegations of sexual abuse that either requested victim advocacy services upon reporting. The inmate population also has the availability to contact the outside resources via their issued tablets and the calls are not monitored.

The Inmate Handbook list the contact information for the following outside agencies to report allegations of sexual misconduct: Family Crisis Resource Center, 146 Bedford Street Cumberland, MD 21502 @ (301) 759-9246 and Hotline: 301-759-9244; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring , MD 20907 @ 301-328-7023 and 800-983-7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Springs, MD 20907 @ 301-564-2277 and 877-496-SALI; Just Detention International 1900 L St. NW. Suite 601, Washington, DC 20036 @ 202-506-3333 and Rape, Abuse and Incest National Network (RAINN) 1220 L Street, NW Suite 505, 20036 @ 800-656-4673.

MCASA core members are the state's 17 rape crisis and recovery centers. Services provided through MCASA include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. The agreement specifically states, "MCASA will develop procedures to meet PREA Standard 115.53 in providing access to outside confidential services for Inmates. MCASA will provide technical assistance as needed, including researching, and developing policies to address problems and concerns related to provision of confidential emotional support services." Some inmates were aware that advocacy, crisis intervention to include emotional support services were available as some recalled receiving the informational brochure and observing it on the inmate bulletin

boards.

115.53 (c) DPSCS has established a contract for services with the Maryland Coalition Against Sexual Assault (MCASA) to provide emotional support services. Services include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. A copy of the contract was presented for review. Documentation was provided that demonstrated the facility was unsuccessful in establishing an MOU, however the contract with MCASA does meet all requirements of the standard.

Based on the review of policies, posters, inmate access to outside confidential supports services, inmate handbook, contract with MCASA that meets the standard requirements, attempted MOU, available resources for the inmate population, and interviews with inmates and staff, in addition to observation during the site visit, the agency and facility has demonstrated compliance with all the provisions of this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. MCASA Packet 3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 5. WCI Inmate Handbook 6. DPSCS website <p>115.54(a) Directive OPS.200.0005 states, “A complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: A “third party” or other individual who has knowledge of the alleged inmate on inmate sexual conduct.” The DPSCS PREA and Sexual Assault Awareness “What Every Inmate Needs to Know” lists reporting options for PREA allegations that includes the PREA Hotline @ 410-585-3177. Additionally, the PREA Hotline number was identified as posted throughout the facility to include front entrance, housing units, food service, program areas, and inmate visitation while being accessible to the inmate population, visitors and staff.</p> <p>The Inmate Handbook list the contact information for the following outside agencies to report allegations of sexual misconduct: Family Crisis Resource Center, 146 Bedford Street Cumberland, MD 21502 @ (301) 759-9246 and Hotline: 301-759-9244; Maryland Coalition Against Sexual Assault P.O. Box 8782 Silver Spring , MD 20907 @ 301-328-7023 and 800-983-7273; Sexual Assault Legal Institute P.O. Box 8782 Silver Springs, MD 20907 @ 301-564-2277 and 877-496-SALI; Just Detention International 1900 L St. NW. Suite 601, Washington, DC 20036 @ 202-506-3333 and Rape, Abuse and Incest National Network (RAINN) 1220 L Street, NW Suite 505, 20036 @ 800-656-4673.</p> <p>Third party reporting methods are also listed on the agency’s website which is visible to the public @ https://dpscs.maryland.gov/prea/index.shtml. All complaints of sexual misconduct or sexual assault are serious incidents that will be thoroughly investigated. The Department’s Internal Investigative Division oversees all PREA related investigations and will accept complaints from any concerned individual. The Internal Investigative Division can be contacted at Complaint Number (410) 724-5742. The website also listed the DPSCS PREA Coordinator contact information at the Office of the Chief of Staff 300 E. Joppa Road Suite 1000 Towson, MD 21286 with phone number listed as (410)-339-5091 as an avenue to make reports. Interviews</p>

with staff indicated they were aware of their responsibility of reporting all PREA allegations to include those reported by a 3rd party and they would immediately report the information received to their next level supervisor who would continue with the reporting process.

Informal and formal interviews with the inmate population during the site visit confirmed their awareness of the PREA Hotline for third party reporting in addition to their family members and family accessibility to report for them. The auditor requested an inmate to conduct a test of the PREA Hotline, and confirmed the number was accessible for the inmate population to make a report. The auditor also observed the PREA Audit Notice posted throughout the facility accessible to the inmate population for reporting PREA allegations and/or to request an interview with the auditor. The auditor did not receive any requests from the inmate population prior to the site visit. One inmate elected to report via third through his mother, one inmate submitted a letter to the Commissioner in addition to verbally reporting to staff, and four (4) elected to make the initial report through the PREA Hotline/ Life Crisis Center.

Based on the review of agency policies, agency website, investigative case files, available third-party reporting methods, testing of the PREA Hotline, the facility does meet the standard provision.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. Completed PREA Investigative Casefiles 3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 6. DPSCS Executive Directive OPS.020.0003 Reporting Serious Incidents 7. Refresher PREA Training During Post Audit 8. Interviews with: <ol style="list-style-type: none"> a. WCI Warden b. DPCSC PREA Coordinator c. WCI PREA Compliance Manager d. Regional Director of Nurses e. Regional Social Worker Supervisor f. Random staff <p>115.61(a) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident." Directive OPS.050.0001 and Directive OPS.200.0005 requires employees who receive a complaint of or otherwise have knowledge of alleged sexual misconduct/sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by the appropriate written format used to document the incident. It also requires the supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct/sexual conduct occurred notify the managing official responsible for the facility receiving. If the incident occurred at another facility, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident, shall notify the managing official of the facility</p>

where the incident occurred. If the incident occurred at a facility that is not under the authority of the department the facility head or agency head responsible for the facility where the incident occurred and the IID regardless of the jurisdiction where the incident occurred. Directive OPS. 020.0003 identify PREA related incidents as a priority #2 within the serious incident category descriptions. The policy lists staff responsibility and procedures in reporting such incidents. All reporting incidents are to be documented in an incident report (matter of record) by the initial reporting staff member.

Interviews with 17 random staff indicated they were aware of their responsibility to report any knowledge of PREA allegations to include harassment, sexual abuse, and retaliation and would report to their supervisor.

115.61(b) Directive OPS.050.0001 and Directive OPS.200.0005 identify information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of alleged inmate on inmate sexual misconduct and immediate and continued care of the victim. Interviews with random staff indicated methods of reporting PREA incidents as use of the PREA Hotline at the facility, report to their supervisor and or schedule a meeting with the Warden. Staff indicated they would submit a matter of record of the information they became aware of.

115.61(c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interviews confirmed that medical, social workers and mental health staff are aware of their duties required by this provision that includes their duty to report. Per the Regional Director of Nurses and the Regional Social Worker Supervisor, inmates are informed on their limitation of confidentiality in advance of services in addition of staff's mandate to report. The inmate acknowledges his signature of awareness on the medical and mental health consent forms.

115.61(d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." Child Abuse and Neglect, Maryland Family Law § 5-704 (2013) pertains to health practitioners, educators or human service workers, and police officers regarding reporting physical and sexual abuse of children and vulnerable adults. Per interviews with the Warden, DPSCS PREA Coordinator, WCI PCM, staff and observation during the on-site visit, WCI does not house youthful inmates under the age of 18 years old.

115.61(e) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible

after the occurrence or the employee first becomes aware of the incident. OPS. 200.0005 indicate a complaint of alleged inmate on inmate sexual conduct may be submitted by the victim, an individual 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 conducted. It also notes that a complainant of inmate-on-inmate sexual conduct received anonymously shall be accepted and processed the same as a complaint received from an identified and may remain anonymous. An interview with the IID Investigator indicated all allegations of sexual misconduct are investigated to include those reported by third party, by the alleged victim, and anonymously and are handled the same. The auditor reviewed the 20 cases completed for PREA investigations and confirmed the IID completed investigations of PREA allegations reported by written notes, verbally, through the submission of a ARP that was forward to IID for an investigation, 3rd party that included the PREA Hotline/Life Crisis Center, and letter to the DPSCS Commissioner that was also reported to staff.

Although security staff expressed some knowledge of the PREA standards, the auditing team identified staff would benefit from refresher PREA training with emphasis on their responsibilities when inmates report allegations of sexual abuse and/or sexual harassment as outlined within the agency policy, and the PREA standards. Refresher PREA training was conducted on each of the three shifts during shift briefings. Staff were required to acknowledge the receipt of the training.

Additionally, the DPSCS PREA Coordinator presented intense refresher PREA training to all managers and supervisory staff with emphasis on correctional security supervisors during the post audit phase reviewing a variation of PREA standards. A copy of the PowerPoint Lesson Plan and signature sheet of staff in attendance was provided for review.

Based on the review of policies, interviews and refresher training provided to staff during the post audit phase and documentation of staff receipt of training the facility has demonstrated compliance with all the provisions of this standard

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. Division of Correction Manual: DOC.100.0002, Case Management Manual 5. Interviews with: <ol style="list-style-type: none"> a. Agency head b. Warden c. PREA Compliance Manager d. Random staff <p>115.62 (a) Agency policies require that each employee attend approved training related to preventing, detecting, and responding to acts of sexual misconduct. The Directives hold supervisors responsible for taking reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct. Staff responding to an incident are to ensure the safety of a victim of sexual misconduct by immediately stopping an incident in progress, and if necessary, arranging for separation of the victim from the abuser. Continued personal protection of the alleged victim shall be provided. This information is also covered in the PREA lesson plan. Directive OSPA.200.0005 states a supervisor, manager, or shift commander shall take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate-on-inmate sexual abuse. The Case Manager Manual section 18 provides guidance if an inmate claims to have an enemy within the Division of Corrections, the staff member receiving the claim shall notify case management staff, or a custody supervisor, If the enemy status inmate is housed at the same facility, a custody supervisor shall interview all inmates involved and determine whether the claimant shall be placed on administrative segregation pending further investigation. At the completion of the investigation, the case management specialist shall indicate on the Enemy Status form whether the inmate's claim has been verified, If the claim is verified, the information shall be entered on the OCMS Enemy Alert and Retraction screen. Per the PAQ in the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse was zero.</p> <p>Interviews with 17 random staff indicated upon being advised that an inmate was</p>

subject to a substantial risk of imminent sexual abuse, they would remove the inmate and contact their supervisor.

Interviews with the Agency Head stated protective actions to an inmate identified as subject to a substantial risk of imminent sexual abuse would immediately be separated from any threat that could include being moved, assigned to different housing, reassignment of cellmate, transferred to another facility and as a last result would be placed in protective custody.

Per the Warden upon learning an inmate is subject to a substantial risk of imminent sexual abuse, a variety of measures would be initiated. The inmate at risk would immediately be removed from any area of threat and alternate housing would be initiated for placement to include administrative segregation if deemed necessary. An investigation would be conducted, and further actions would be based on the investigative findings.

Interviews with 17 random staff indicated upon being advised that an inmate was subject to a substantial risk of imminent sexual abuse, they would remove the inmate and contact their supervisor. Although security staff expressed some knowledge of the PREA standards, the auditing team identified staff would benefit from refresher PREA training with emphasis on their responsibilities when inmates report allegations of sexual abuse and/or sexual harassment as outlined with the agency's policies, and the PREA standards. Refresher PREA training was conducted on each of the three shifts during shift briefings. Staff were required to acknowledge the receipt of the training.

The DPSCS PREA Coordinator presented intense refresher PREA training to all managers and supervisory staff with emphasis on correctional security supervisors during the post audit phase reviewing a variation of PREA standards. A copy of the PowerPoint Lesson Plan and signature sheet of staff in attendance was provided for review.

Based on the review of policy, the PAQ that identified zero inmates identified as a substantiated risk of imminent sexual abuse, and interviews with the WCI Warden and Agency Head Designee, the facility has demonstrated compliance with all the provisions of this standard.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. Investigative Case Files 5. Interviews with: <ol style="list-style-type: none"> a. Agency head b. Warden <p>115.63 (a-d) Executive Directive OPS.050.0001 states that If a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged 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: (i) If the incident occurred at another Department facility, the managing official of the facility where the incident occurred; (ii) If the incident occurred at a facility that is not under the authority of the Department, the facility head or agency head responsible for the facility where the incident occurred; and (iii) The IID, regardless of jurisdiction for the facility where the incident occurred and record the notifications made in accordance with this directive. An IID representative notified under this directive and the facility where the alleged sexual misconduct occurred (if it is a Department facility), 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 according to requirements established under this directive.</p> <p>The PAQ identified there were zero PREA allegations to or from WCI as identified within the standard provisions. The review of the 20 completed investigations identified all allegations were made while inmates were assigned at WCI.</p> <p>An interview with the Agency Designee indicated when allegations are reported to another facility that is alleged to have occurred at the inmates' previous facilities, the allegation is to be reported to affected institution with 72 hours of being reported. The information is then reported to the IID Duty Officer for the initiation of an investigation.</p> <p>Per an interview with the WCI Warden, the notification would be made from Warden to Warden upon receiving the information. The reported allegation would be referred</p>

	<p>from the affected facility to the IID Unit for an investigation.</p> <p>Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this standard.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 3. WCI 050.0001 Sexual Misconduct - Prohibited 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 5. Review of PREA Investigations 6. Interviews with: <ol style="list-style-type: none"> a. Random Staff b. Inmates who reported sexual abuse <p>115.64(a) (b) Directives OPS.050.0001 and Directive OPS 200.0005 addresses the requirements of this standard. It indicates the first correctional officer responding to an incident of sexual misconduct shall respond by immediately stopping an incident in progress, if necessary arranging for separation of the victim from the abuser, immediately providing medical attention, if qualified, or arranging for appropriate medical attention, preserving the scene of the incident, and ensuring the victim and abuser are advised not to do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. WCI 050.0001 states staff first responders shall follow Directives OPS.050.0001 and Directive OPS 200.0005 to safeguard the victim from further harm, ensure the scene is secured and inmates are housed appropriately.</p> <p>Directive OPS.050.0001 states, “that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee shall immediately request that a correctional officer respond to the scene and take steps to ensure that the victim not do anything that might destroy physical evidence, i.e., brushing teeth, bathing, changing clothes, urinating, defecating, drinking, or eating.” Interviews with non-security staff indicated they were aware of their responsibilities as first responders. Staff reported that they would immediately separate inmates and maintain sight of a victim, do what they could to preserve a crime scene including advising involved inmates not to shower, change clothing, brush teeth, eat, drink, or use the toilet.</p> <p>The facility identified 22 reports of sexual abuse and sexual harassment. Twenty investigations were completed and reviewed by the auditing team. The reviewed investigative case files were identified as the following: 17 sexual abuse and 3 sexual</p>

harassments.

The PAQ identified an answer of 8 for the following: Of the allegations that an inmate was sexually abused made in the past 12 months; the number of times a non-security staff member was the first responder; and the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: and the number of times that staff member notified security staff as 8. However, this information was later identified as incorrect.

Specifically, the 17 reported sexual abuse allegations were reported in the following manner: Four (4) were reported through the PREA Hotline; six (6) were reported verbally to staff to include medical staff and seven (7) were reported through written notes/letters/ARP/Letter to Commissioner.

There were three (3) incidents in which inmates reported an allegation of sexual abuse resulting in immediate separation. One allegation was verbally reported to security staff by the alleged victim after the two inmates were observed fighting within their cell and separated by security staff. Both inmates were treated by medical staff and the alleged victim was transported to the local hospital for a forensic examination. However, the alleged victim stated he was not sure he was sexually assaulted but awoke with his pants and boxers lowered from his waste.

The second separation was initiated upon the alleged victim giving a note to a medical nurse while she was conducting rounds in the housing stating he was previously sexually abused. Security staff were immediately notified, and the inmates were separated and escorted to medical. Due to the potential evidence previously tampered with by the alleged victim, it was determined by medical staff that a forensic examination was not applicable.

A third allegation was reported to staff verbally (shouting for staff arrival), while within the cell with his aggressor. The victim had awakened to his cellmate rubbing his penis, no penetration was indicated. The two inmates were immediately removed from the cell and separated and escorted to medical for assessments.

The review of one investigative case file identified an allegation of sexual abuse was reported to staff during the alleged victim's scheduled medical trip to a local medical center. The inmate was previously separated from his alleged aggressor when he reported the allegation. However, he stated had previously written notes to two staff but had not been contacted. There was no documentation presented to support his statements. Based on the allegations and the initial reported date of occurrences, the inmate received a forensic medical examination.

The review of the remaining 14 sexual abuse investigative case files indicated the reporting inmates were previously separated from their alleged aggressors prior to reporting the allegations to include by several days. However, the case file review did reveal the investigative staff did order the securing to the crime scene areas (cells), the collection of DNA testing of victim's clothing, blankets, DNA swabs from both alleged victims and aggressor, and other physical evidence described by the alleged victim.

The case files included documentation of medical and mental health services provided immediately to both the victim and aggressor and/or the inmate's denial of services offered. The victim was educated on preservation of evidence protocols.

Interviews were conducted with four (4) inmates who reported sexual abuse. Three (3) inmates reported staff responded immediately to their allegation of sexual abuse. However, one inmate reported his first report to staff was not addressed. He indicated this resulted in him refusing housing due to his cellmate inappropriately touching him with an erect penis and attempting to pull down his pants. The victim failed an ARP the following day which was referred for an investigation by the IID Unit. The victim's written report of the allegation and verbal statements during the interview with the auditing team were consistent.

Interviews with 17 random staff indicated upon being the first person alerted that an inmate has allegedly been the victim of sexual abuse they would initiate first responder duties to include removing the inmate from the identified threat and notifying their supervisor. However, based on the review of the investigative case files and interviews, the auditing team identified staff would benefit from refresher PREA training with emphasis on their responsibilities when inmates report allegations of sexual abuse and/or sexual harassment as outlined with the agency policy, and PREA standards. Refresher PREA training was conducted on each of the three shifts during shift briefings. Staff were required to acknowledge the receipt of the training.

Additionally, the DPSCS PREA Coordinator presented intensive refresher PREA training to all managers and supervisory staff with emphasis on correctional security supervisors during the post audit phase reviewing a variation of PREA standards. A copy of the PowerPoint Lesson Plan and signature sheet of staff in attendance was provided for review.

Based on the review of policies, investigative case files to include medical documentation provided, confirmation of completed refresher PREA training to staff to include line-staff, supervisors and managers which was provided as the facility's corrective measures during the post audit, WCI is identified as meeting all provisions of the standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. Facility Directive WCI.050.0001 Sexual Misconduct - Prohibited 3. Interviews with: <ol style="list-style-type: none"> a. Warden <p>Facility Directive WCI.050.0001, identifies a plan of action for employees, managers, supervisors, shift commander and first responders. The actions include stop the incident, safeguard the victim, arrange for any needed medical services, detain the alleged perpetrator, preserve evidence and the scene of the alleged incident, refer the victim for needed medical and mental health treatment. The Warden noted the action plan as described in the directive.</p> <p>WCI.050.0001 includes a section on First Responder duties to include a PREA First Responder Checklist which, lays out the steps of the plan of action for first responders in a checklist format to ensure that none of the step are omitted. This directive includes a Containment Checklist for the shift commander or supervisor to follow listing all action to be taken when a report of sexual abuse is received.</p> <p>Responsibilities of the WCI PCM, medical and mental health staff is to ensure the inmate victim of sexual abuse receive appropriate medical and mental health screenings follow-ups in appropriated time frames.</p> <p>Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland 3. AFSCMET MOU 4. Interview with: <ol style="list-style-type: none"> a. Agency Head Designee <p>115.66(a) AFSCME Maryland Memorandum of Understanding between the American Federation of State County and Municipal Employees & the State of Maryland Effective January 1, 2018 through December 21, 2020 Article 3. Management rights indicated “The employer retains the sole and exclusive authority to for the management to its operation and may exercise all right, powers, duties, authority and responsibilities conferred upon and invested to it by all laws including, but no limited to, the Collective Bargaining Law (Title 3, State Personnel and Pensions Article). Maryland law requires that management retain all basic rights. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland regarding management’s rights as provided by law was submitted for review. Items 1 through 8 documents specifically state that the Agency has the ability to manage their staff in the event that an issue were to occur related to many different issues, of which (3) states, hire, direct, supervise, and assign employees, and (4) states, promote, demote, discipline, discharge, retain, and lay off employees. The Agency Head designee reported that Maryland is a management rights state. DPSCS has discretion regarding the assignment, hiring and termination of staff and no limitations to the agency’s ability to remove employee sexual abusers from contact with inmates.</p> <p>Based on a review of the code, MOU, interviews and analysis, the facility has demonstrated compliance with this standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. Facility Directive WCI.050.0001 Sexual Misconduct – Prohibited 4. OPS. 200.0005 Inmate on Inmate Sexual Misconduct - Prohibited 5. Retaliation Monitoring forms 6. Interviews with: <ol style="list-style-type: none"> a. Agency Head b. Warden c. WCI PREA Compliance Manager d. Staff Assigned to Conduct Retaliation Monitoring <p>115.67 (a) (e) Directive OPS.020.0026 and Executive Directive OPS.050.0001, states the head of a unit, or a designee, is responsible for ensuring an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual or feared retaliation. The Unit Managers/ Custody Lieutenant assigned to each housing unit is assigned to conduct retaliation monitoring for inmates assigned to their area. Per the WCI PCM, he is actively involved in monitoring the completion of timely retaliation monitoring in accordance with the agency’s policy and standard provision.</p> <p>115.67(b) Both Directives states that 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, change in inmate work assignments, disciplinary actions, staff work assignments, staff write-ups, inmate and/or staff change in behavior. A Unit Manager/Custody Lieutenant who is assigned to conduct retaliation monitoring was interviewed regarding his duties in such role. He stated he initiate contact with each inmate privately while inquiring of any concerns the inmate may have to include negative interaction with staff and the inmate population. He also visually monitors the inmates’ interaction within the housing unit throughout the monitoring period. He begins monitoring the inmates at 2 weeks after the inmate reports the allegation. He continues monitoring at 30 days, 60 days, and 90 days intervals. At any time, the</p>

investigation is concluded as unfounded, the retaliation monitoring would end. However, if there are occurrences in which the continuation of monitoring in an excess of 90 days was required, he would continue.

Per an interview with the Agency Head Designee, there are multiple ways to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations, the actions taken would be depended on the situation but could be housing changed, transfer of the abuser provide protective custody, and provide emotional support. The Warden indicated a variety of measures are in place to protect inmates and staff from retaliation from others. Regarding an inmate, the victim, person who cooperated with the investigation and/or aggressor would be placed in separate housing units. The victim would be monitored for write-ups, changes in housing units, work, and program assignments. An investigation would be initiated for those identified as performing acts of retaliation. The individual being monitored would be transferred if needed. Staff would be monitored to ensure they are not being mistreated by other staff to include supervisors for any unfair work practice, including unjustifiable work assignment changes and/or scheduling, and the denial of approval for leave. In such cases, an investigation would be initiated that could result in disciplinary actions and/or termination.

115.67(c) (d)(f) Executive Directive OPS.050.0001, identifies changes that may suggest possible retaliation by inmates or staff, which may include, but is not limited to unreasonable or unjustified: Discipline; Changes in work or program assignments; Transfers or placements; or Denial of privileges or services. These must be monitored. The facility presented Retaliation Monitoring forms, that includes inmate name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting within 7 days, at two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. A review of the 20 investigative case files identified retaliation monitoring was completed in accordance with all provisions of the standard for all victims. Relationship monitoring was completed for 90 days for all investigations with an investigative finding of substantiated and/or unsubstantiated. Upon completion of an investigation with an investigative finding of unfounded, the retaliation monitored was documented as ended based on the unfounded finding. There were no circumstances where retaliation monitoring exceeded 90 days. Additionally, the requirement to continue retaliation monitoring for inmates who transferred to other DPSCS facilities was forwarded to the inmate's receiving facility for completion and returned to WCI. Interviews with four (4) inmates who reported sexual abuse confirmed they met with staff monthly and described the meetings with staff.

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

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DOC 100.0002 Case Management Manual 4. Interviews with: <ol style="list-style-type: none"> a. Warden b. Special Housing Supervisor <p>115.68 (a) DOC.100.0002 Case Management Manual indicates that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, "every effort shall be made by Case Management Staff, and the managing official, to find suitable alternatives to protective custody housing." Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate's documented enemy, or enemies, to another facility. Every Protective Custody placement is reviewed every 30 days. Inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to Health Care and Case Management services, the same visiting opportunities, the same access to the library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.</p> <p>Per interviews with the staff assigned to supervise segregation, the facility does not house inmate in involuntary segregation who have who alleged to have suffered sexual abuse. Inmates may request protective custody and/or may be placed in administrative segregation. Inmates assigned to administrative segregation have access the same access to the library and legal reference materials, access to programming, including religious programming, and educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.</p> <p>Per the Warden, based on the nature of the cases, the victim could be placed in administrative segregation which is a less restrictive unit as it is not a punitive unit. Ideally placement would be for 72 hours to review the allegations reported. An investigation could determine the need to apply enemy status and a transfer could be initiated. However, alternate housing is also available at the facility. There were no inmates in involuntary segregation who alleged to have suffered sexual abuse during the site visit and/or identified by the PAQ during the 12-month period.</p>

	Based on the review of policies, interviews and analysis, the facility has demonstrated compliance with this standard.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire 2. IIU.110.0011 Investigating Sexual Related Offenses 3. OPS. 050.0001 Sexual Misconduct – Prohibited 4. OPS 200.0005 Inmate on Inmate Sexual Misconduct – Prohibited 5. Investigative Case Files 6. Interviews With: <ol style="list-style-type: none"> a. IID Investigator b. Inmates Who Report Abuse <p>115.71 (a) Directive OPS. 050.0001 states to the extent possible, but in every case where the allegations of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings; Sexual Abuse evidence collection; and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal. Per an interview with an IID Investigator, the length of time in the initiation of an investigation of reported sexual abuse or sexual harassment depends on how the how the allegation is received. If an inmate reports to the hospital for a forensic examination, the IID Investigator would report to the hospital and meet with the inmate. If medical staff determine a SANE exam is not required, the investigator normally report to the institution within 7 days to meet with the inmate for sexual abuse cases. However, there are also times when cases could be delayed based on the lack of information given and the severity of allegations made. All third party and anonymously PREA allegations are conducted in the same manner as those directly reported and are not handled any differently.</p> <p>115.71 (b) The PREA Audit Manual indicates the Department where sexual abuse is alleged, the Department shall use investigator who have received special training in sexual abuse use investigators pursuant to standard 115.34. OPS. 050.0001 and OPS.200.0005 states Department personnel assigned to conduct the investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigation of sex related offenses in the correctional setting. An interview with an IID Investigator confirmed all IID Investigators are sworn law enforcement officers inducted by the Attorney General in</p>

Baltimore. The investigators attend training established by the Maryland Police and Correctional Training Commission for police to maintain certification, as well as advance training in investigative techniques. Training is related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses: (a) interviewing sexual abuse victims; (b) Using Miranda and Garrity warnings; Sexual Abuse evidence collection; and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

115.71 (c) & (d) Directive OPS.200.0005 notes "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contact, Department or agency procedures, or other reasonable accepted standards related to: a) collecting and preserving evidence; b) interviewing victims, witnesses, and suspected perpetrators; c) conducting and using polygraph examination; d) identifying suspects; e) preserving an individual's person dignity and legal rights; f) and maintaining confidentiality of the investigation. An interview with an IID Investigator confirmed their methods of conducting investigations include those described in a – f. She added review available video footage, review phone calls of both the alleged victim and alleged perpetrator and conducting inmate and staff interviews. The Investigator would also report to the local hospital if there was a need for the alleged victim to be transported for a forensic examination for the DNA sample. She explained the DNA sample results could take several months.

The IID Investigators are sworn law enforcement by the Attorney General in Baltimore. Per an interview with the IID Investigator, they are authorized to do indictments and the suspect would be advised of her Miranda rights, but the investigators are not required to consent with the prosecutors on whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.71.(e) Directive OPS.050.001 states a victim of sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examinations as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IIU.110.0011. page 8 section e. notes the credibility of a victim, witness or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. In addition, a victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense. The IID investigator explained the determination of the findings is based on an individual basis of credibility of evidence recovered during the investigative process to include collection of available video surveillance, monitored phones, staff's logs, interviews, photographs, bed sheets, medical records, DNA collected and all other available evidence. She continued in stating at no time would the continuation to proceed with the investigation be based upon an alleged victim requirement to submit to the polygraph or truth-telling device. A sexual abuse alleged victim would never be asked to submit to a polygraph or truth-telling device. The review of the 17 completed sexual abuse investigative cases files did not identify a request for either inmate to submit to a polygraphy and/or

other truth telling device. Four inmates who reported sexual abuse was selected for interview and reported they were not asked to submit to a truth telling device during the investigation. A review of the 20 completed investigative case files that included both sexual abuse and sexual harassment allegations indicated the investigative finding was concluded based on the information collected.

115.71 (f) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all aspects of the investigation in a written report as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution. Directive IIU.110.0011, section .05D 6 states, "Conduct post-incident investigation action to a comprehensive investigation of the incident that intends to: (a) Identify the perpetrator; (b) Determine if employee action or lack of action contributed to the occurrence; and (c) Collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings' with regard to 115.71 (f). An interview with an IID Investigator indicated all PREA investigation are initially opened as a criminal case and treated as such in the gathering and collection of evidence and those involved. At any time during the investigation there was evidence to support staff did not perform their rounds, or wasn't on post and or falsify the logs, an administrative investigation would be initiated on that staff while documenting their actions contributed to the prohibited act. A review of completed PREA cases did document staff actions as noted by video. However, no staff was noted as not appropriately performing their assigned duties and manning their assign post that could have contributed to an alleged incident.

115.71 (g) Directive IIU.110.0011 states An investigator assigned to investigate an incident involving a sex related offense shall document all aspects of the investigation in a comprehensive investigative report that: (a) Thoroughly describes, physical, testimonial, and documentary evidence; (b) Explain the reasoning behind credibility assessment; (c) Include facts and findings; and (d) When appropriate, include related documents and (e) the report is maintained according to an established retention scheduled, which requires the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years. Directive OPS.050.0001reference upon the IID Investigator completing an investigation of a complaint of alleged sexual misconduct, the investigator shall: (a) Thoroughly documental all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution; (b) Include in the report a determination indicating the complaint of alleged sexual misconduct to be Substantiated(the investigation determined the sexual misconduct occurred); Unsubstantiated (the investigation produced insufficient information to determine whether or not the alleged sexual misconduct occurred); or Unfounded (the investigation determined that the alleged sexual misconduct did not occurred).

115.71 (h) Directive 200.0005 Upon completing an investigation of a compliant of alleged inmate on inmate sexual conduct, the investigator: thoroughly document all aspects of the investigation in a written report so as to best support subsequent administration and action, if appropriate, referral for criminal prosecution Directive IIU.110.0011 indicate if an investigation finding is appropriate, the investigator shall

work with the prosecutor to develop the case for criminal prosecution. An interview with the IID Investigator indicated that all PREA allegations are initially opened as a criminal case until it is proven no criminal activity was committed. At that time, the case is completed as an administrative investigation.

115.71 (i) OPS.050.0001 and OPS.200.0005 requires the investigative files be filed and maintained in accordance with an established retention schedule which requires the report is maintained as long as the employee is employed by the Department, or the inmate is under the authority of the Department plus five years. An interview with an IID Investigator confirmed the retention schedule of the investigative files.

115.71 (j) Directive IIU.110.0011 states an investigation under this directive may not be terminated based on victim or suspect departure for Department employee or custody. The IID investigator confirmed whether staff is terminated or resigns, the investigation continues. The investigative staff would either go to staff's member home or request they report to the investigative staff. If an inmate is transferred, or released, an investigative staff would continue with the investigation.

115.71 (k) (l) All administrative and criminal sexual abuse and/or sexual harassment investigations are conducted by the Department IID investigators. These investigators are sworn law enforcement officers with the State of Maryland. Therefore, this provision is not applicable.

Based on the review of policies, investigative case files, and interviews, WCI is complaint with all applicable provisions of this standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed PAQ 2. IIU. 110.0011 Investigation of Sexual Related Offenses 3. Interview With: <ol style="list-style-type: none"> a. IID Investigator <p>115.72 (a) OPS. IIU. 110.0011 indicates upon conclusion an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence. A review of the 20 completed investigative files to include sexual abuse and sexual harassment, the investigative findings were determined on the collection of evidence recovered during the investigative process, to include interviews conducted, and physical evidence collect. The review of the investigative files confirmed the Department does not impose a standard higher than a preponderance of evidence in determining whether allegations of sexual abuse/sexual harassment is substantiated. An interview an IID Investigator confirmed the preponderance of evidence is the standard necessary to substantiate an allegation for sexual abuse/harassment through collected evidence and interviews for an administrative investigation and beyond a reasonable doubt for criminal prosecution.</p> <p>Based on a review of the relevant policy, review of investigative files and interview with the IID Investigator, WCI meets the standard provision.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. IIU.020.002 Investigating Sex Related Crimes 3. OPS.050.0001 – Sexual Misconduct – Prohibited 4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 5. Inmate Notification of Investigative Findings 6. Criminal Charges Filed 7. Interviews: <ol style="list-style-type: none"> a. Warden b. IID Investigator c. Inmates Who Reported Sexual Abuse <p>(a) (b) (c) (d) (e) IIU.110.0011, OPS. 050.0001 and OPS. 200.0005 governs the mandates of the standard provisions. The Directives states upon concluding an investigation involving an inmate as victim of sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being Substantiated, Unsubstantiated, or Unfounded. Policies outline the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim: the date, time, and location that the victim was notified and how the victim was notified.</p> <p>The IID Investigator indicated that oftentimes the inmate is notified of the investigative findings during the interview process and or the investigator returns to the facility to notify the inmate and the notification of the investigative findings is included in the conclusion of the investigative report. Additionally, facility staff provides the inmate victim with a written copy of the investigative findings.</p> <p>DPSCS conducts its own administrative and criminal investigations that includes all sexual harassment and sexual abuse reported allegations. Therefore, this provision is not applicable.</p> <p>The Directives requires if an investigated incident involved an employee committing a sex related offense on an inmate and the incident was substantiated or unsubstantiated, the investigator will arrange for the inmate to be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no longer employed at the facility, when, if known, the employee was indicted or</p>

charged with a sex related offense occurring at the facility, or if known, the employee was convicted of a charged related to a sexual related offense occurring at the facility. There were zero substantiated cases of sexual harassment and/or sexual abuse allegations against staff concluded at WCI during the review period.

In accordance with the Directives, the investigator shall document victim notification in the investigative report to include the name of the individual who notified the victim: the date, time, and location that the victim was notified and how the victim was notified. An interview with the Warden indicated the assigned IID Investigators return to the facility to personally notify the inmates of the investigative findings. Although there were 22 PREA allegations reported during the 12-month review period, 20 were completed and reviewed. The 20 completed PREA investigations included 17 sexual abuse investigations and three (3) sexual harassment investigations. Documentation supported each inmate victim receiving notification of the investigative findings. Documentation of the notification was included in the investigation conclusion in addition to the Inmate Notification form signed by the issuing staff member and the inmate victim for both sexual abuse and/or sexual harassment allegations. Interviews conducted with four (4) inmates who reported sexual abuse confirmed they received notification of the investigative findings.

Per agency policy 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 or a charge related to as related offense occurring at the facility: and if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. There was two substantiated allegation of inmate-on-inmate sexual abuse during the review period. Each inmate received written notification of the substantiated sexual abuse investigation and charges and notification of the criminal summon filed with the District Court of Maryland for Allegany County documenting the court case number.

IU.110.001 states the victim reporting requirements under this standard shall terminate at the time the victim inmate is released for the DPSCS custody.

Based on the review of policies, investigative summaries, inmate signature and verbal acknowledgment notification, interviews with IID Investigators, and Warden and analysis, the facility has demonstrated compliance with all provisions with this standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, investigative files, interviews, and on-site visit)</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 3. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 4. Review of Investigative PREA casefiles <p>115.76 (a) (b) (c) and (d) Executive Directive OPS. 050.0001.05 notes the Department does not tolerate sexual misconduct by an employee, by either omission or commission; and consider alleged or actual consent as a defense to an allegation of sexual misconduct. An employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee, except under exigent circumstances, did not perform responsibilities established under the directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct. The directive further states an employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty under the Standards of Conduct, up to including termination of employment with the Department; Criminal prosecution; and if applicable, notification to a relevant licensing authority.</p> <p>Per the PAQ and review of the 20 completed PREA investigations, there were no substantiated allegations of staff sexual misconduct during the 12-month review period. Therefore, there were no disciplinary actions and/or termination of staff nor was there a requirement to report to a relevant licensing body.</p> <p>Based on the review of policy, interviews, and review of PREA investigative files, the facility meets the provision of this Standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1.WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 3. DPSCS Executive Directive 200.0005 Inmate on Inmate Sexual Conduct - Prohibited 4. PREA Investigative Case Files 5. Interview with: <ol style="list-style-type: none"> a. Warden <p>115.77 (a) (b) Executive Directive OPS.050.0001, Executive Directive OPS.200.0005, governs the mandate of the standard provisions. Agency policies identifies an employee an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification and includes: a contractor; an intern; a volunteer; and an employee of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, or Baltimore City Public Schools. Thus, these identified groups are subject to the same types of discipline employees are for such an infraction. OPS.050.001 states an employee may not: commit, participate in, support, or otherwise condone sexual misconduct. A contractor who does not perform responsibilities established under the directive is considered to be in violation of terms of conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency. The contractor is subject to sanctions according to provisions of the contract or agreement and criminal prosecution.</p> <p>Per an interview with the Warden, volunteers and contractors accused of sexual misconduct shall be prohibited from contact with the inmate population, denied entry into the facility and all other DPSCS facilities immediately until an investigation is completed. If the accusation is substantiated the individuals shall be terminated, and referred for criminal prosecution if the behavior is criminal in nature. Per the PAQ and review of the 20 investigative case files, zero volunteers and/or contractor were identified as an aggressor of sexual abuse and/or sexual harassment by the inmate population.</p> <p>Based on the review of policies, investigative case files, interviews policies and analysis, the facility is compliant with all provisions of this standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, on-site visit)</p> <ol style="list-style-type: none"> 1. OPS.050.0001 Sexual Misconduct - Prohibited 2. OPS. 200.0005 Inmate on Inmate Sexual Conduct - Prohibited 3 COMAR 12.03.01 Inmate Discipline 4. Criminal Court Documents 5. Interviews With: <ol style="list-style-type: none"> a. Warden b. Social Worker/Mental Health <p>115.78(a) (b) (c) DSPCS.020.0026 states The Department does not tolerate sexual abuse or sexual harassment of an inmate. The policy identifies sexual abuse of an inmate by another inmate to include the following acts, if the victim inmate does or does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse: (i) Acts listed under §§ .04B(3)(a)(i) and (ii) of this directive; (ii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and (iii) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin breast, inner thigh, or the buttocks of another inmate, excluding contact incidental to a physical altercation. OPS.200.0005 states: The Department does not (1) Tolerate inmate on inmate sexual conduct; (2) Consider alleged or actual consent as a defense to an allegation of inmate-on-inmate sexual conduct. Title 12 DPSCS Subtitle 03 Operations Chapter 01 Inmate Disciplinary Process and COMAR 12.03.01 identify the inmate violation summary code has 117 – An inmate may not in any manner, arrange, commit, perform, or engage in a sexual act.</p> <p>The facility reported 22 PREA allegations during the review period, in which 20 investigations were completed and reviewed by the auditing team. There were 17 reported sexual abuse allegations. Fifteen were determined as unsubstantiated and/or unfounded and completed as administrative investigations. Two (2) received a substantiated investigative finding and were completed as criminal investigations. The substantiated sexual abuse allegations did not identify sexual penetration but did identify unwanted touching. Criminal charges were filed for each within the District Court of Maryland of Allegany County for Sex Offense 4th Degree, Assault 2nd Degree/DOC Employee and Assault 2nd Degree CR 2 203. One inmate accepted a plea deal but later filed an appeal. The second inmate remained pending court appearance during the post audit.</p>

An interview the Warden indicated an administrative discipline is separate from criminal prosecution and institution discipline would be applied in accordance with agency policy. He stated an inmate's mental disability and mental illness would be considered when applying disciplinary sanctions.

115.78(d) OPS.200.0005 state: If therapy, counseling, or other intervention designed to address and correct underlying reasons or motivation for sexual conduct is available, may be required to participate in available therapy, counselling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process. Per mental health and social workers, group sessions are available for inmates, and one-one counseling services are provided by mental health staff.

115.78(e) OPS.200.005 states inmates, "May be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct." There were no substantiated cases of sexual abuse for staff on inmate and no incidents in which inmates were disciplined for sexual abuse for sexual abuse with staff only if it was determined that the staff did not consent to the sexual conduct. No inmates were disciplined for sexual conduct with a staff member.

115.78(f) OPS.200.0005 states, "A complaint of alleged inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate sexual conduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of inmate-on-inmate sexual conduct." The PAQ identified zero inmates received disciplinary sanctions based on the determination of filing a false report or lied during the reported allegation of sexual abuse and/or sexual harassment. However, the review of the 20 investigative case files identified one (1) inmate did receive discipline. Specifically, one inmate was identified to commit Rule Violation 126 - Knowingly provide false reports, claims, accusations or information related to the PREA or use the PREA Hotline other than for the intended purpose. The inmate admitted during the investigation that he made a false claim of inmate on inmate sexual abuse.

115.78(g) OPS.200.0005 states, "An inmate may not commit, participate in, support, or otherwise condone sexual conduct." Per interview with the Warden, the facility does not consider consensual sexual activity between inmates to be sexual abuse. Per the PAQ and an interview with the WCI PCM, zero inmates received disciplinary sanctions for participating in sexual conduct activities that was not determined to be sexual abuse.

Based on a review of policies, investigative case files, criminal court documents, interviews and analysis, the facility meets all provisions of the standard.

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="256 185 983 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 342 1070 376">Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li data-bbox="256 409 943 443">1. WCI Completed Pre-Audit Questionnaire (PAQ) <li data-bbox="256 488 970 521">2. WCI. 050.0001.1 Sexual Misconduct - Prohibited <li data-bbox="256 566 1310 600">2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. <li data-bbox="256 633 1294 701">3. Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness <li data-bbox="256 745 703 779">4. Mental Health Referral Forms <li data-bbox="256 813 517 846">5. Interviews with: <ol style="list-style-type: none"> <li data-bbox="256 891 740 925">a. WCI PREA Compliance Manager <li data-bbox="256 958 943 992">b. Medical and Social Worker/Mental Health staff <li data-bbox="256 1025 759 1059">c. Staff who conduct risk screening <li data-bbox="256 1093 927 1126">d. Inmates that disclose during PREA Screening <p data-bbox="256 1171 1469 1787">115.81 (a) OPS.050.0001 states, "whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening. All inmates are screened by medical staff on the day of arrival at the facility. Mental health referrals are offered by the intake officer during the 72-hour assessment and/or by the inmate's assigned case manager during the 30-day reassessment. The referral is offered based on the inmate's risk assessment scoring as a prior sexual abuse victim or prior sexual abuse aggressor. These referrals are forwarded to the Social Workers for completion of the mental health assessment. Social workers are assigned to the mental health department. Interviews with intake staff and those staff who perform screening for risk of victimization indicated mental health referrals are available to all inmates who have experienced prior sexual victimization and inmates who were identified as an abuser. The PAQ indicated 100% of inmates that reported prior sexual victimization were offered a follow-up meeting with a mental health provider.</p> <p data-bbox="256 1832 1449 2067">The PAQ noted six inmates arrived at the facility who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: as but indicated 36 follow-ups were completed. These numbers were later identified as incorrect. Nine (9) inmates later identified as arriving who disclosed prior sexual victimization, and each was offered mental health referral. A review of these referrals confirmed the inmates met with the social worker upon the</p>

day of arrival and/or within 7 days of the referral. This was confirmed by the date of screening, date of referral, and date meeting was completed on the referral log.

Interviews with three inmates who reported prior sexual victimization indicated they were seen by social workers within a week of arrival based on the mental health referral.

115.81(b) OPS.050.0001 indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a referral will be made to mental health. Interviews with staff who perform screening for risk of victimization said they refer to all inmates who have scored as an abuser. The PAQ noted in the past 12 months, 6 inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. This number was later identified as incorrect as the correct number was 16. A review of these referrals confirmed the inmates met with the social worker upon the day of arrival and/or within 7 days of the referral. This was confirmed by the date of screening, date of referral, and date meeting was completed on the referral log.

115.81(c) WCI is not a jail.

115.81(d) OPS.050.0001 states that information concerning an alleged complaint of sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating and resolving the alleged misconduct and immediate and continued care of the victim. Per interviews with staff who conduct risk screening specific details related to sexual victimization or abusiveness are strictly limited. Hardcopies are maintained in secured file cabinets in designated areas that require authorized key accessibility. Electronic programs are maintained on a network drive and protected by password. Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments.

115.81(e) The PAQ indicated that 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 eighteen. Interviews with medical and mental health staff confirm that they obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. The staff indicated that if an inmate under the age of eighteen reports any type of abuse, whether it be physical, mental or sexual, they are required to report the information to the Department of Social Services as well as the security staff. A review of Mental Health Informed Consent form and the Psychological Evaluation Informed Consent form outlines the limitations of medical and mental staff of confidentiality that the inmate acknowledges via signature prior to the receipt of services. WCI does not house inmates under the age of 18 years old.

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

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. 3. Directive OPS.200.0005 Assessment for Risk of Sexual Victimization and Abusiveness 4. DPSCS Office of Clinical Services Inmate Health Medical Evaluations Manual Chapter 13 Sexual Assault on An Inmate 5. YesCare General Health Services Policy & Procedure Health Response to Sexual Abuse 6. PREA Investigative Casefiles with Medical and Mental Health Documentation 7. Interviews with: <ol style="list-style-type: none"> a. Regional Director of Nurses/Regional Social Worker Supervisor/ Social Workers b. Inmates who reported sexual abuse <p>115.82(a) OPS.050.0001states supervisors, managers, and shift commanders are responsible for ensuring the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes referral for medical and mental health care follow up and non-medical or mental health related counseling services. The Corizon (YesCare) Health Lesson Plan for PREA states an initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted. Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. The clinician will identify and triage inmates that require medical intervention, and provide treatment (First Aide type, ice bandages etc.) necessary to stabilize the inmate prior to and during transfer to a facility for forensic examination. An interview with the Regional Director of Nurses and Regional Social Worker Supervisor verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical staff are assigned to the facility 24/7 and provide medical services within minutes of being notified. The Regional Director of Nurses and Regional Social Worker indicated in circumstances that an inmate is transported to the UPCM of Western Maryland hospital for a forensic examination, the inmate would be placed in the medical infirmary for a minimum of 24 hours and/or upon being cleared by both medical and social workers. Social workers are assigned to the mental health department and are scheduled Monday - Friday and the victim would</p>

be seen not later than the next business day. Both indicated the nature and scope of the treatment and crisis intervention services provided to the victims are determined by the professional judgment of the medical and mental health treatment staff. Interviews were conducted with four (4) inmates who reported allegations of sexual abuse, and all indicated they were seen within minutes by medical staff after reporting the allegation to responding staff. Each inmate also acknowledged they were seen by social workers within a few days of the reported allegation. Documentation also supported the inmates were seen by both medical and social workers/mental health staff. All inmates were seen by medical staff on the day of reporting and by social workers on the day of reporting and/or within three days of reporting.

115.82(b) OPS.050.0001 states, "The first correctional officer responding to an incident of sexual misconduct shall: (a) Ensure the safety of a victim of sexual misconduct by: (i) Immediately stopping an incident in progress, if necessary, arranging for separation of the victim from the abuser; and (ii) If applicable, immediately, if qualified, providing medical attention or arranging for appropriate medical attention.

115.82(c) Corizon (YesCare) Health has a policy which addresses the requirement of this provision which states, "prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases." A review of the PREA investigative case files indicated based on an allegation of sexual penetration to include oral and penetration 7 inmates were offered "Rapid" testing, for HIV and HCV which is a testing for sexually transmitted and communicable diseases. Three inmates accepted testing. Three inmates were escorted to the local hospital for a forensic examination, and one refused after arrival. Not all allegations of sexual abuse involved sexual penetration in nature. The two (2) substantiated sexual abuse allegations involved touching only. Interviews with four (4) inmates who reported sexual abuse confirmed they received medical and social worker services after reporting sexual abuse. Additionally, a review of the 17 completed sexual abuse investigative cases included documentation of both medical and mental health assessments that confirmed all inmates were seen timely after reporting the allegation to include those inmates who stated they could not identify their alleged aggressor.

115.82(d) OPS 200.0004 indicates that medical treatment, "if evidentiary or medically appropriate, the medical services will be provided at no cost to the prisoner. Interviews with medical and social worker staff also verified that the services would be provided to prisoners at no cost.

Based on the review of policies, investigative case files, medical and mental assessments documentation, interviews and analysis, the facility is compliant with all provisions of this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited. 3. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 4. DPSCS Office of Clinical Services Inmate Health Medical Evaluations Manual Chapter 13 Sexual Assault on An Inmate 5. DPSCS Office of Clinical Services Inmate Health Medical Evaluations Manual Chapter 9 Continuity of Care 6. Interviews <ol style="list-style-type: none"> a. Regional Director of Nurses b. Regional Social Worker Supervisor c. Inmates who reported sexual abuse <p>115.83(a) DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault addresses the requirements of this standard. Per Section I, Detainees/inmates reporting to have been sexually assaulted while in DPSCS custody shall be managed using guidelines consistent with the Prison Rape Elimination Act (PREA). An initial medical evaluation and subsequent intervention focused solely upon injury or trauma sustained during the assault shall be conducted.” Corizon (YesCare) Health Procedure on Sexual Assault also provides procedures to follow in event of sexual abuse. In an interview with medical staff, indicated they would ensure the victim is stable and then provide follow up treatment plans for the physician or local hospital.</p> <p>Per Chapter 13, Section F of the Manual, within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient’s medical record. If the provider is off site, the emergency room protocol for review will be conducted and the disposition of care executed. Social Workers work M-F on 8-hour dayshift, and they complete the PREA screenings and see any follow-up referrals.</p> <p>115.83(b) Per Chapter 9, Section A of the Manual Inmates leaving DPSCS (Pre-Trial, Sentenced, and Home Detention Units) will be provided with information and access to systems that will enable them to continue care for diagnosed disease proceeds</p>

that was received while the inmate was incarcerated. As needed a confirmation of continued community follow-up services would be arranged prior to the inmate's departure from the facility. There were two substantiated sexual abuse investigations concluded during the 12-month review period and neither included sexual penetration. Three inmates accepted offers for Rapid testing for HIV/HCI after reporting sexual abuse. All test results were identified as negative.

115.83(c) In an interview with the Regional Director of Nurses and Regional Social Worker Supervisor indicated the level of care provided is consistent with the community level of care.

115.83(d) & (e) WCI does not house female inmates. Therefore, these provisions are not applicable.

115.83(f) Per Chapter 13, Section F of the Manual, all follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. Per Section M of the Manual, the patient and alleged abuser shall be offered follow-up STI testing within 60-90 days of initial testing to include HIV, HCV, and syphilis serology. Investigative case file reviewed indicated 7 inmates who reported allegations of sexual abuse were offered Rapid testing for HIV/HCI. Three inmates accepted testing and all results were negative. Interviews were conducted with four (4) inmates who reported sexual abuse. One inmate acknowledged receiving Rapid testing.

115.83(g) Per Chapter 13, Section O, of the Manual, all treatment services shall be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were zero inmates who incurred costs for services provided by medical and social workers to include inmates who failed to identify their alleged aggressor. Interview with four (4) inmates who reported sexual abuse indicated they were not held responsible for any financial cost.

115.83(h) Per Chapter 13, Section K, of the Manual, an alleged abuser shall be offered mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. The Regional Social Worker Supervisor confirmed a mental health evaluation of all known inmate-on-inmate abusers is completed within two days of receiving notification of substantiated sexual abuse allegations. Documentation confirmed two inmates identified as aggressors in non-sexual penetration abuse cases were seen by social workers for a mental health evaluation in accordance with the standard. One inmate was documented as receiving a mental health evaluation by a social worker on the day of the social worker's notification. The second aggressor was documented as refusing to meet with the social worker on the date the notification was received.

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

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. OPS.020.0027PREA Investigations Tracking and Review 3. PREA Investigative Case File/Incident Reviews 4. Interviews with: <ol style="list-style-type: none"> a. Warden b. WCI PCM/Incident Review Team Member <p>115.86(a)(b)(c) OSP.S020.0027 states, "that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded, review the incident. It also indicates the facility incident review team shall consist of upper-level facility management officials designated by the facility managing official after consultation with the facility PREA Compliance Manager and have input from or access to line supervisors, investigators, and medical or mental health practitioners concerning the incident being reviewed. The PAQ noted the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents as 12. However, a review of the completed 20 PREA investigative case files identified nine (9) sexual abuse investigations were determined as unsubstantiated and two (2) were determined as substantiated for a total of 11. The facility staff conducted an incident review within 30 days of the investigative findings for each of the cases. Per the Warden, and review of staff noted as members of the incident review team include the appropriate team members and line officers are rotated to service on the review team.</p> <p>115.86(d) OSP.S020.0027 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the location where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment of supplement staffing in these areas. Per an interview with the WCI PCM, he is charged with heading the incident review meeting during the administrative segregation review which is held weekly. Per the WCI Warden and WCI PCM, staff review and discuss the location of the reported allegation to assess whether physical barriers in the area may enable abuse, review staffing levels in the area of the incident during different shifts, the need for additional or</p>

	<p>augmented monitoring technology, and the consideration of any recommendations for improvement to policy and/or facility practices.</p> <p>115.86(e) OSP.S020.0027 requires the managing official to work with the facility's PCM to implement the facility incident review team's recommendations for improvement from the review team; or if a recommendation is not implemented, document the reason for not adopting the recommendation. Per review of the completed incident reviews, there were no recommendations made in the reports.</p> <p>Based on the review of policies, incident reviews, interviews and analysis, the facility is does meet all provisions of the standard.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review 3. DPSCS Website <p>115.87(a) OSPS.020.0027 says that the Department's Internal Investigation Division, IID, is the primary investigative body for all PREA related allegations and is responsible for uniformly collecting and maintaining data regarding PREA related criminal and administrative investigations and for developing the forms to collect such data. Documentation provided included an information sheet entitled Incident-Based Data Collection. This outlines exactly what information is to be collected and reported on. The document identifies detailed information that must be collected regarding victim's information, perpetrator information, staff perpetrator information, medical and mental health information, and information from investigations that were conducted.</p> <p>115.87(b) OSPS.002.0027, indicates that the DPSCS PREA Coordinator is responsible for aggregating the incident-based sexual abuse data annually. The DPSCS PREA Coordinator, said, in an interview, he receives the data from IID and prepares the report based on that data. He said that he collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. He reviews the data collected with the Warden as well, prior to writing the report. The report is based on the Fiscal Year.</p> <p>115.87(c) The DPSCS provided a copy of their most recent SSV-2 report that demonstrated that the data collected is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence.</p> <p>115.87(d) Directive OSPS.020.0027 also holds the DPSCS PREA Coordinator responsible for collecting, maintaining, and reviewing the data from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. The DPSCS PREA Coordinator provided a tracking sheet that he uses to keep track of the data. It includes information such as name and number of inmates involved, both the inmate making the allegation and any known perpetrators or suspects, date of the allegation, investigative case number, the outcome of the investigation, date of closure of the case, name of the investigator assigned to the case, date of notification of inmate complainant and the nature of the complaint.</p> <p>115.87(e) Directive OSPS.020.0027, section .03B states, "The Department shall uniformly collect accurate data for every allegation of sexual abuse from each</p>

correctional facility under the authority of the Department to assess and improve effectiveness of sexual abuse prevention, detection and responsiveness.” The Maryland Department of Public Safety and Correctional Services previously had a contract with the “Threshold, Inc.” for its pre-release services. The most recent PREA audit was dated May 22, 2018, and the facility was closed in 2020. The DPSCS PREA Annual Report for 2021 did include data for Threshold, Inc. while documenting incident-based sexual abuse data and was published on the DPSCS website.

115.87(f) Directive OSPS.020.0027, section .03B states, “The IID shall: (4) By June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.” The DPSCS PREA Coordinator, provided a copy of the most recent SSV-2 which demonstrate that the information is submitted to the Department of Justice timely.

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

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review 3. DPSCS Website 4. 2021 Annual PREA Report 5. Interviews with: <ol style="list-style-type: none"> a. DPSCS PREA Coordinator b. Agency Head Designee <p>115.88(a-d) Section .05 C of OSPS.020.0027 addresses the requirement of this standard. The Directive indicates the DPSCS PREA Coordinator, or a designee shall aggregate the incident-based sexual abuse data annually. Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. Ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training; If applicable, identifies Department-wide problem areas 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; Assess 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 and redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication.</p> <p>Per an interview with the DPSCS PREA Coordinator, the agency maintains a running report of all PREA allegations received from all of the agency's correctional facilities. His office continuously looks for trends of the alleged occurrences. His office also reviews investigations for thoroughness while returning some on occasion if it is felt the additional investigation and/or information is needed. He maintains a tracking log of individuals to include staff identified within the investigations. This includes data collected by the IID, which is forwarded to him annually. He aggregates the data and compares it to previous years' data, looking for patterns or for anything unusual or noteworthy. He writes the annual report for the Secretary's review and signature. Upon the Secretary's approval and signature, it is published on the agency website. He also indicated he does not include information that meets the requirement of</p>

	<p>being redacted.</p> <p>Per an interview with the agency head designee, there are many layers of review prior to the final approval of the annual reports by the DPSCS Commissioners prior to publishing.</p> <p>The auditor reviewed the website and verified the 2021 annual report was signed by the Secretary and published. The Annual Report was signed by the DPSCS PREA Coordinator, and DPSCS Secretary on September 27, 2022, and signed by the DPSCS Deputy Secretary on September 23, 2022. A review of the report indicated a comparison of data from 2014 -2021. The report is professionally written and addresses the requirement of this standard.</p> <p>Based on a review of policy, website, annual report, interview and analysis, the facility does meet all provisions of the standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review 3. DPSCS Agency website 4. 2014- 2021 Annual PREA Report 5. Interview with: <ol style="list-style-type: none"> a. Agency PREA Coordinator <p>Section C of OSPS.020.0027 addresses the requirements of this standard. The directive indicates the DPSCS Coordinator is responsible for completing an annual report and when approved by the Secretary it is made available to the public through the Department's public website. The report should redact information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information and related personal identifiers. Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information. Maintain sexual abuse data for at least 10 years from the date received.</p> <p>Per an interview with the Agency PREA Coordinator, he stated he writes the report that is published on the Department website. He does not include any information that would present a clear threat to the safety and security of a correctional facility or personal identifiers that would require to be redacted. He also indicated the data is securely maintained for at least 10 years in computerized system and only authorized personnel has access. The auditor reviewed the agency website and verified Annual PREA Reports were posted for public viewing annually from 2014 - 2021. A random review of these reports to include the most recent 2021 Annual PREA Report indicated there were no personal identifiers.</p> <p>Based on the review of policy, website, annual report, interview and analysis, the facility is compliant with all provisions of this Standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a) (b) The facility is part of the Maryland Department of Public Safety and Correctional Services. This is the first year of the current cycle (fourth). A review of the agency's website https://dpscs.maryland.gov/prea/prea-audits.shtml confirmed all agency correctional facilities were audited during the previous three-year cycle and are visible to the public. The Department scheduled the facility audits within the three-year cycle, while one third were completed each year of the cycle.</p> <p>115.401 (h -n) The auditor received all requested documentation throughout the pre-audit, on-site visit, and post audit phases that included a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents to support a conclusion of compliance with each PREA standard. An excess of the required number of staff and inmates were interviewed, and all were knowledgeable regarding PREA education and how to report. The auditor was granted access to tour and visit all areas of the facility. Inmates confirmed their observation of the notice of the audit posted throughout the institution that included the auditor's name and mailing address to submit confidential correspondence. The audit notice was posted December 1, 2022, well in an excess of six weeks prior to the site visit. Per an interview with mailroom staff, inmates are allowed to forward confidential correspondence to the auditor in the same manner as mail addressed to a legal counselor. The auditing team did receive one correspondence from an inmate to be interviewed and was selected through the random inmate selection. There were no request made by staff for an interview.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 (f): A review of the agency's website https://dpscs.maryland.gov/prea/prea-audits.shtml confirms all agency correctional facilities PREA audits are posted and visible to the public. The most recent audit posted on the agency's website for WCI is dated May 4, 2020.

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

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

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

115.14 (a)

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

115.14 (c)

	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

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

115.15 (f)	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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)		
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)		
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who 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
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)		
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

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

	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

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

115.33 (a)

	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.33 (c)

	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

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

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

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

	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)		
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)		
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	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: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

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

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

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

	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)		
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)		
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from 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
	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)

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, 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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
	Does the agency document that it has provided such notification?	yes
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

115.66 (a)

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

	In the case of inmates, does such monitoring also include periodic status checks?	yes
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
	When the agency conducts its own investigations into allegations 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
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)		
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)		
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)

	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
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115.71 (l)

	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
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	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
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	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
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	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
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	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually 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
	Does the agency document all such notifications or attempted notifications?	yes

	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)		
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)		
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)		
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)		
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.83 (c)

	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
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115.83 (d)

	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
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115.83 (e)

	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
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115.83 (f)

	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
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115.83 (g)

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

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

	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
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	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
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115.86 (c)

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

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

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

**115.401
(b)**

	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

**115.401
(h)**

	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
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**115.401
(i)**

	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
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**115.401
(m)**

	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
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**115.401
(n)**

	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
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115.403 (f)	Audit contents and findings	
	<p>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.)</p>	yes