

PREA Facility Audit Report: Final

Name of Facility: Western Correctional Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 03/24/2020

Date Final Report Submitted: 05/04/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Dave Andraska	Date of Signature: 05/04/2020

AUDITOR INFORMATION	
Auditor name:	Andraska, Dave
Address:	
Email:	ddafalls@hotmail.com
Telephone number:	
Start Date of On-Site Audit:	02/05/2020
End Date of On-Site Audit:	02/07/2020

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

Primary Contact	
Name:	R. Shane Weber
Email Address:	ronald.weber@maryland.gov
Telephone Number:	301-729-7001

Warden/Jail Administrator/Sheriff/Director	
Name:	R. Shane Weber
Email Address:	ronald.weber@maryland.gov
Telephone Number:	301-729-7001

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	Melanie Gordon
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Telephone Number:	O: (301) 729-7168

Facility Health Service Administrator On-site	
Name:	Sam Rahman
Email Address:	srahman@wexfordhealth.com
Telephone Number:	301-729-7293

Facility Characteristics	
Designed facility capacity:	1753
Current population of facility:	1672
Average daily population for the past 12 months:	1672
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	18-86
Facility security levels/inmate custody levels:	Min-Max
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	483
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	78
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	120

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

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

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

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act (PREA) Audit for the Western Correctional Institution (WCI) was conducted on February 5-7, 2020. This was the third PREA audit for this facility. The PREA Audit was coordinated through the Maryland Department of Public Safety and Correctional Services (DPSCS) and 3DPREA Auditing & Consulting, LLC. Upon notification of being awarded the contract, Department of Justice (DOJ) Certified PREA Auditor David Andraska was assigned to conduct the audit. A line of communication was developed between the DPSCS PREA Coordinator and the 3D President to schedule the PREA Audit. The Auditor was in contact, by phone and email with the PREA Compliance Manager (PCM) facility regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and logistics. The auditor's pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility utilizing by the Online Automated System (OAS). The documentation reviewed by the auditor included the PAQ which had links to DPSCS Directives, Administrative Code agency and facility procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The PREA Coordinator provided a copy of the agency Prison Rape Elimination Act Audit Manual, which is the authoritative document that guides agency compliance. The manual is a comprehensive 393-page document of agency policies and other documentation related to PREA. The auditor also reviewed the Agency website, the annual PREA reports and prior PREA Audit Reports for NBCI. The auditor contacted Just Detention International (JDI) in reference to any information submitted by inmates. JDI did not receive any PREA-related information regarding WCI in the past 12 months but received information from an inmate in the past 3 years. The auditor did not receive any confidential correspondence from inmates or staff.

The audit began on Wednesday afternoon February 5, 2020 with an entrance meeting with the Warden, PREA Coordinator, PCM and other management staff to discuss any concerns regarding the audit process and finalize the facility tour and interview schedule. The site visit consisted of conducting a full tour of the facility; a thorough review of documentation, and formal and informal interviews with staff and inmates. Areas visited during the tour included the main lobby, all inmate housing areas, intake, laundry, kitchen, recreation areas, visiting room, medical and mental health area, all program areas, industries and central control.

During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; PREA signage and tested the inmate phone system for reporting PREA allegations and for requesting emotional support services. PREA posters and the notification of the PREA audit were observed posted throughout all areas accessible to inmates. The notification of the PREA audit visit was documented as being posted on January 6, 2020 and were taken down on February 11, 2020.

WCI has 483 staff that may have contact with inmates. The security staff is assigned to three 8 hour shifts. A total of 31 staff members were interviewed during the course of this audit. These interviews consisted of: 15 randomly selected correctional security staff (officers, sergeants and lieutenants)

covering all shifts, non-security staff, contract staff and a volunteer; and 14 specialized staff members that have multiple roles that encompass all specialized staff interviews. All staff at WCI are trained as first responders and those interviewed were well versed in their areas of responsibility regarding responding to PREA allegations.

On the first day of the audit there were 1,684 inmates. 42 inmates were interviewed. Twenty inmates were randomly selected and twenty-two were in the targeted group. The target group included three inmates with a physical disability, three inmates that are LEP, three inmates that self-identified as LGBTI, three inmates that were transgender, one inmate with a hearing impairment, four inmates that reported sexual abuse, three inmates identified as being potentially vulnerable to sexual victimization, one inmate with a cognitive disability and one inmate with a vision impairment. Overall inmates interviewed stated they felt safe regarding sexual abuse and all inmates demonstrated a good understanding of PREA and reporting options. It should be noted the institution was on a lock down due to an altercation early in the week during the on-site audit. There was also an inmate death in the past month and inmates expressed concerns with gang issues at the institution.

Investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency procedure. There were 8 allegations of sexual abuse and 7 allegations of sexual harassment received in the past 12 month. There was one substantiated staff sexual abuse allegation.

The auditor examined a random sampling of personnel files and staff, volunteer and contractor training files. New hires, volunteers and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete and included written documentation that staff received and understood the required PREA training.

The auditor selected and examined a random sample of inmate case files and reviewed documentation, indicating by their signature, the inmates received and understood the PREA information. The auditor also reviewed documentation associated with initial risk screenings and reassessments.

In summary, the auditor had been provided with files prior to the audit for review. While at the facility; the auditor reviewed a sufficient sampling of records based on the size of the facility which included inmate case records, personnel files, training records, investigative reports, additional program information and documents. The auditor interviewed the required number of staff and inmates based on the population and all were knowledgeable regarding PREA.

An exit briefing was conducted on February 7, 2020 with the Warden, PCM and other WCI management staff. The facility was thanked for their hospitality and all the assistance and cooperation they provided during the audit. Discussion included general observations and preliminary findings. The post-audit phase was described and timelines for submitting additional documentation for corrective action.

AUDIT FINDINGS

Facility Characteristics:

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

The Western Correctional Institution (WCI) is located 13800 McMullen Hwy. SW in Cumberland, MD which is in Allegany County, MD. The facility opened in 1996 as a medium security and houses adult male inmates. In May 2007, WCI became a designated maximum security facility. The facility also houses a number of minimum security level inmates for jobs outside of the secure perimeter under the supervision of correctional staff. The facility has a designated capacity of 1753 and the average stay is 4.3 years. The age range of inmates is 18 to 86 years. The institution also employs offenders in the Maryland Correctional Enterprises where they build various furniture items and operate an industrial laundry for institution and non-profit entities.

The Facility has several "state-of-the-art" security features including a Gatehouse entrance equipped with ViewScan metal detectors, an Auto Clear X-ray machine, and a secure Armory. A maximum-security perimeter is constructed with a "no climb" fence angled-in toward the compound to diminish an inmate's ability to climb up and over the fence. There is also a fence shaker alarm that alerts staff of any unauthorized presence. The microwave sensor and shaker alarms notify Master Control, the Facility's manned Towers, and a 24-hour armed roving patrol vehicle of the exact location of alarm. The interior compound contains five housing units. Housing units 1, 2, 3 and 4 are an identical X design. Each housing unit consists of four tiers, each with an upper and lower level. Housing Unit 4 is designated as a special management unit and has 144 cells, on three tiers, that are for inmates assigned to administrative and disciplinary segregation. The facility is designated, "wheelchair-friendly," and Housing Unit 1 is designed to accommodate wheelchair inmates on the lower level of each tier. Housing Unit 5 houses inmates requiring Protective Custody, and minimum security inmates who are assigned as outside detail inmate workers, and also has an Administrative Segregation tier that houses high level STG (Security Threat Group) inmates. The minimum security outside detail workers exit the compound through the Sallyport located near the rear of Housing Unit 4. Each housing unit has a Social Worker, a Psychologist and two Case Managers, that, along with the custody officers, make up the Unit staff. Also inside the secure perimeter are a Multipurpose Building that houses a gymnasium, a weight lifting room and the chapel, and a Support Services Building that houses educational classrooms, the library, and state-of-the-art vocational classrooms where prisoners have the opportunity to take classes in welding, cabinetry and millwork, facility maintenance, graphic arts and design, and industrial printing. The Health Services Department has a sick call area and three exam rooms, two dental offices, an optometry office, a trauma room, medical records, a pharmacy, a laboratory and X-ray Department and several inmate waiting rooms. Psychological Services and Special Observation Housing cells, as well as a video tele-conference room for holding hearings, are also housed in Health Care. Also housed in the Health Services area are an Infirmary with four wards, a physical therapy area, and multiple negative air pressure isolation cells for managing airborne communicable diseases. Food Service contains a large kitchen and food preparation area. Inmates are served meals cafeteria-style in three dining hall rooms and are observed by correctional staff through one-way glass in an observation area above each dining hall. The Food Service Department also has a prep area for Kosher Meals. The Visiting Room provides a large open space visiting area for inmates on non-restricted status, three rooms for segregation visits and three attorney consultation rooms. All visits are non-contact.

The facility offers a range of academic programs including adult literacy and high school equivalency diplomas, and prerelease training that includes job search skills. In addition, a six-month substance abuse recovery program with aftercare is also offered. Offenders at the facility train service dogs for America's VetDogs program in one of the first maximum security VetDog programs in the country. The facility has a greenhouse and a horticulture program.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

The Interim PREA Audit Report, dated March 24, 2020 indicated that two Standards (115.13 and 115.81) were non-compliant. Therefore, a required corrective action period not to exceed 180 days began. The Auditor recommended corrective action for the facility which they agreed to and began immediate corrections of the Standard found to be in non-compliance. The Auditor reviewed all the submitted documentation to determine if full compliance was achieved. A summary of the evidentiary basis for determining full compliance is discussed within the standard that was originally non-compliant. As a result of successful corrective action, the facility demonstrated compliance with all Standards.

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 371 1481 831" 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. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 5. DPSCS Executive Directive OEO.050.0030.1 Sexual Harassment-Prohibited 6. Facility Directive WCI.050.0030.1 Sexual Misconduct-Prohibited 7. WCI and DPSCS Organizational Charts 8. Interviews with: <ol style="list-style-type: none"> a. PREA Coordinator b. PCM <p data-bbox="252 913 1481 1249">115.11(a). The agency and facility has comprehensive written policies that mandates zero tolerance toward all types of sexual abuse and sexual harassment. Directive DPSCS.020.0026 clearly outlines the agency's zero tolerance policy and identifies the agency's approach to the prevention, detection and response to sexual assault incidents in their facility. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, which are consistent with PREA standards. The policy also outlines sanctions for those that have participated in prohibited behaviors in the facility. Directive OPS.200.005 contains information on inmate discipline.</p> <p data-bbox="252 1290 1481 1749">115.11(b). Executive Directive DPSCS 020.0026, states, in Section 5, that the Secretary shall designate a Department PREA Coordinator who shall have sufficient time, and appropriate authority to develop, implement, and oversee Department activities taken to comply with PREA standards in Department correctional and detention facilities. The agency has designated an agency wide PREA coordinator, who is assigned these duties. The agency's facility's organizational chart was provided for review. The chart shows the PREA Coordinator's position as a Special Assistant who reports directly to the Deputy Secretary of Operations. The auditor interviewed the PREA Coordinator and confirmed that he has the time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The agency recently hired a PREA Assistant Coordinator to help the PREA coordinator with his responsibilities.</p> <p data-bbox="252 1789 1481 2040">115.11(c). The facility has designated a PREA Compliance Manager, who is assigned these duties along with duties in the facility. The facility's organizational chart was provided for review. The chart shows the PCM position as the acting Psychology Department Supervisor who reports directly to the Assistant Warden. The auditor interviewed the PCM and confirmed that although she has other responsibilities, she has time to oversee the facility's efforts to comply with the PREA standards.</p> <p data-bbox="252 2080 1385 2154">Based on the review of policies, organization charts, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.</p>

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 PREA Audit Manual 3. Contract DPSCS Q00B9400025 for Pre-Release Services 4. 2015 and 2018 PREA audit reports of Threshold, Inc. 5. Interviews with the following: <ol style="list-style-type: none"> a. PREA Coordinator <p>115.12(a). The DPSCS has entered into one contract for the confinement of inmates. The contract is with Threshold, Inc. for pre-release services. Threshold Inc. is 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. Review of the contract confirmed it contained language that required the contracted facility to comply with the requirements of the Prison Rape Elimination Act. The auditor also reviewed the 2015 and 2018 PREA Audit reports for Threshold. WCI does not contract for the confinement of inmates.</p> <p>115.12(b). The contract requires the Contractor to permit the Contract Monitor, or authorized representatives, to conduct audits, physical inspections, and evaluations of the facility at any time during the contract period. The Department's Contract Monitor, or authorized representatives, may enter the facility at any time without prior notice to the Contractor. Interview with the PREA Coordinator indicated the agency does monitor compliance with the contract.</p> <p>Based on the review of the contract, audit reports and interview, the facility is compliant 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. DPSCS Executive Directive OPS.115.0001 Correctional Officer Staff Analysis and Overtime Management 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Staffing Analysis and Overtime Management Manual 5. Post Assignment Worksheet 6. WCI Staffing Plan 7. Annual review of WCI Staffing Plan 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Warden b. PCM c. Shift Supervisor d. Random Staff e. Random Inmates <p>115.13(a). Executive Directive OPS.115.0001 requires that a written Facility Staffing Plan be completed, for each correctional and detention facility, to determine adequate staffing levels and the use of video monitoring equipment. The facility provided a copy of the staffing plan. The document is well written and provides a view of the activities and staffing in the facility. The plan includes a review of the inmate population, the programs and activities available for inmates, the medical and mental health care available, video monitoring, physical plant and the coverage plan for staff. The staffing plan is continuously being reviewed and modified as needed. The staffing plan mandated in this provision must take into account 11 considerations; 1) Generally accepted detention and correctional practices, 2) Any judicial findings of inadequacy, 3) Any findings of inadequacy from Federal investigative agencies, 4) Any findings of inadequacy from internal or external oversight bodies, 5) All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated), 6) The composition of the inmate population, 7) The number and placement of supervisory staff, 8)Institution programs occurring on a particular shift, 9) Any applicable State or local laws, regulations, or standards, 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse, 11). Any other relevant factors. The overall staffing of the facility is consistent with accepted practices and standards and is based on full capacity of 1753 inmates. During the site review, The auditor reviewed all areas of the facility that inmates have access to, including food service, medical and mental health department, program area, all housing units recreation and industries. the auditor identified areas in the kitchen that would be considered blind spots in the facility. This same area was listed as a corrective action required in the previous PREA audit report. The PREA Coordinator indicated there is no current funding available to install cameras.</p> <p>The auditor interviewed the Warden, who confirmed the written staffing plan. The plan includes a review to ensure adequate staffing to meet the agency's efforts to prevent, detect</p>

and respond to incidents of sexual abuse. The video monitoring system is evaluated at least once per year to determine if the agency should make adjustments to better identify safety concerns. He stated that they utilize a overtime list to ensure proper coverage on each shift to avoid deviations which could lead to unsafe conditions in the facility. The Shift Supervisor reviews daily and weekly staffing reports and addresses any concerns immediately. 115.13(b). WCI reported it does not deviate from the staffing plan. The facility utilizes a system for overtime that allows them to avoid deviations from the plan.

115.13(c). The staffing plan provided was written. The review is a ongoing process to ensure staffing balance and make adjustments as needed. This is a joint effort between the Warden Administrator, PREA Coordinator and other mid-level supervisors.

115.13(d). Executive Directive OPS. 050.0001 address this provision. It states, "Each facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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. During interviews with random inmates and staff, they stated they see supervisors come in the housing units often Supervisors interviewed indicated that rounds are performed on all shifts. The facility supplied several copies of logs, which showed various administrative and upper level supervisors logging in PREA rounds throughout the facility. During the onsite tour of the facility, the auditor reviewed log books to confirm unannounced rounds are being conducted and documented.

Recommended Corrective Action Plan: WCI will need to ensure that steps are taken to address blind spots in the pots and pans room and in the secondary dish room in the kitchen. Notify the auditor when post orders are revised and mirrors have been installed.

Verification of Corrective Action since the on-site Audit: The Auditor was provided supplemental documentation on April 30, 2020 to evidence and demonstrate corrective action taken by WCI regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Purchase order for six mirrors.
2. Email from PCM dated April 30, 2020.
3. 6 pictures of installed mirrors

The PCM provided a copy of the purchase order for the mirrors. The PCM sent an email stating the 6 mirrors were installed in the kitchen and also indicated locations of the mirrors. Pictures of the installed mirrors were also provided. This Standard is now compliant.

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. DPSCS PREA Audit Manual 3. Observation during onsite tour 4. Interviews with the following: <ol style="list-style-type: none"> a. Warden b. PCM <p>Review of the PAQ, policy and interviews, confirmed the facility does not house Youthful Inmates.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive OPS.110.0047 Personal Search protocols-Inmates 5. Facility Directive WCI.050.0030.1 Sexual Misconduct-Prohibited 6. Lesson Plan- LGBTI 7. Lesson Plan -Frisk/ Body Searches, Restraints, and Scanning Devices 8. DPSCS Search exception cards 9. Training records 10. Observation while on-site 11. Interviews with: <ol style="list-style-type: none"> a. PCM b. Random staff c. Inmates <p>115.15(a) Directive OPS.110.0047, Section .05F states, “(4) An inmate strip search shall be conducted: (a) By a single correctional officer of the same gender as that of the inmate being searched; (b) In a location and in a manner that ensures maximum privacy for the inmate being strip searched; and (c) In the presence of additional correctional officer.” Section .05F(3)(b), “When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate’s preference in the gender of the officer conducting the search” with regard to conducting strip searches of transgender and intersex inmates. Section .05H(2) states, “Only a certified medical professional may perform a body cavity search of an inmate.” Section .05H(4) states, “Only the certified medical professional and the inmate being searched may be present during the procedure.” Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months. WCI only houses male inmates. Inmates interviewed did not report being subjected to cross-gender viewing by female staff during a strip search or visual cavity search.</p> <p>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 is a male only facility. Therefore, provision 115.15(b) does not apply.</p> <p>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)</p>

regarding body cavity searches requires prior written authorization from the managing official or designee before conducting a body cavity search. The facility reported zero cross-gender strip or cross-gender visual body cavity searches of inmates including any exigent circumstances, conducted by security or medical staff in the past 12 months. Thus, there are no written reports or incidents of cross-gender strip searches or cross-gender body cavity searches. Staff interviews did not indicate any occurrence of cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff in the past 12 months. Likewise, inmate interviews did not indicate any occurrence of cross-gender viewing by female staff during a strip search or visual cavity search. WCI does not house female inmates. Therefore, cross gender pat down searches of female inmates does not apply.

115.15(d) Directive WCI states, "Staff of the opposite sex announce their presence when entering a housing unit at least at the start of their shift." Additionally, during the tour it was noted that the facility implemented procedures that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. All housing units were observed to have curtains in place that allow inmates to use both the bathroom and shower facilities without being observed by staff of the opposite gender. Housing unit camera coverage was noted as not having the ability to see into bathroom or shower areas. The temporary holding cells in the medical unit and booking were noted as having camera views of inmate toilets. The facility immediately addressed these concerns within one week of the on-site review. The facility provided pictures of the camera views in these holding cells with the toilet area blurred out. This corrective action eliminated any cross-gender viewing concerns and provided adequate privacy. Overall inmates indicated that opposite gender staff announce their presence when entering a housing unit. This practice was also observed by the auditor during the on-site tour. Inmates indicated that were not able to be viewed by female staff when using the toilet, showering, or changing clothes. Random staff interviews indicated that opposite gender staff announcements are made prior to entering the housing units.

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) The Audit Manual defines the term "Frisk Search" as a search not requiring the removal of all clothing. It is conducted by running your hands across clothing to detect hidden objects." Policy notes that frisk searches may be conducted by females on males, but it is not permissible for female staff to search the groin area of male inmates. Likewise, policy also states, "Males shall not conduct searches of females" except during exigent circumstances a managing official or a designee may authorize a male officer to conduct a frisk search on a female inmate provided that the officer does not touch the breast or genital area of the inmate. Strip searches are performed exclusively by two staff of the same gender this including a provision for transgender or intersex inmates who prefer to be searched by a specific gender of staff. Directive OPS.110.0047, Section.05F(3)(b) states, "When circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine

the inmate's preference in the gender of the officer conducting the search." Section .05F(3) speaks to searches of transgender and intersex inmates stating, "The inmate is responsible for carrying the Personal Search Exception Card at all times and shall present the card to the correctional officer prior to the start of a personal search. Failure to present the card may result in the inmate being searched in accordance with the gender associated with the institution." The facility provides training on LGBTI and Frisk/ Body Searches, Restraints, and Scanning Devices. Training topics, including definitions, were found to be consistent with the definitions contained in the standards. The Pre-Audit Questionnaire noted that 100% of staff have been trained. Random staff interviews indicate that they received training regarding cross gender, transgender, and intersex search procedures. Three transgender inmates were interviewed and stated they could request a search exception card.

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

115.16	Inmates with disabilities and inmates who are limited English proficient
	<p data-bbox="252 168 895 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 991 358">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 367 1453 913" style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited 5. DPSCS Executive Directive OEO.020.0032 Limited English Proficiency (LEP) Policy 6. DPSCS Executive Directive OEPS.050.0011 American with Disabilities Act of 1990, Titles I and II 7. Translation Services Documentation 8. Observation while on-site 9. Interviews with: <ol style="list-style-type: none"> a. Agency head b. Random staff c. Inmate <p data-bbox="252 958 1476 2056">115.16(a)(b) Agency policy requires facilities to ensure effective communication for inmates that are Limited English Proficiency (LEP). Agency policy also requires the head of the facility (or designee) that is responsible for the custody and security of an inmate shall ensure that, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of the first responder duties, or the investigation of an inmate's allegation; inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive for other inmates. DPSCS has a contract with Ad Astra for all their interpreter needs. Ad Astra services are available in-person, or via phone call and email. They also provide services for the hearing impaired. Part of the intake process includes providing inmates with the Prison Rape Elimination Act and Sexual Assault Awareness brochure. This brochure covers the zero-tolerance policy and reporting information and is available in both English and Spanish. At orientation inmates are provided a copy of the Inmate Handbook that covers the agency's zero-tolerance policy. Additionally, inmates also participate in a video that specifically covers PREA topics to include the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. The video presentation has audio and is also available in Spanish. Staff were observed to be present during inmate orientation and conducted a question and answer session at the end of the presentation. Sign language services are available through Statewide Visual Communication Services. Inc. provides document translation services. During the interview with the agency head/designee, she indicated that language line and sign language services are available to inmates. Three LEP inmates, two disabled inmates, one hearing impaired and one vision impaired inmate were interviewed. Inmates reported being given information regarding sexual abuse and sexual harassment in formats that they were able to understand. All staff attend a training titled "Accommodating Disabilities in Corrections."</p>

115.16(c) Directive OPS.050.0001 states, "Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Directive OPS.200.0005 states, "Except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation, inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates." These policies guide practice regarding the use of inmate interpreters. During interviews, staff indicated that they occasionally encounter an inmate that speaks no English and were aware of resources available. They were also aware that inmate interpreters should not be used regarding a PREA allegation.

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

115.17	Hiring and promotion decisions
	<div data-bbox="252 165 896 203" data-label="Text"> <p>Auditor Overall Determination: Meets Standard</p> </div> <div data-bbox="252 244 523 282" data-label="Section-Header"> <p>Auditor Discussion</p> </div> <div data-bbox="252 322 991 360" data-label="Text"> <p>Evidence Reviewed (documents, interviews, site review):</p> </div> <div data-bbox="252 365 1358 1088" data-label="List-Group"> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Secretary Directive DPSCS.020.0026 Prison Rape Elimination Act-Federal Standards Compliance 4. Code of Maryland COMAR 17.04.14.10 and .20 5. Code of Maryland COMAR 12.15.01.19 6. DPSCS PREA Interview/Hiring Process guide 7. PREA DBM DPSCS JOBAPS Application Form 8. PREA Interview Questions 9. Polygraph Questions for Mandated Positions 10. DPSCS Interview form – Correctional Applicant 11. Hiring and Promotional Records 12. Criminal History Background Records Check Documentation 13. Interviews with: <ol style="list-style-type: none"> a. PREA Coordinator b. Administrative (Human Resources) Staff c. Central Hiring Unit Supervisor </div> <div data-bbox="252 1126 1484 1890" data-label="Text"> <p>115.17(a) Directive DPSCS.020.0026, section .05F(1) regarding the Human Resources Services Division (HRSD) states, “shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who: (a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B(3) of this directive.” Human resources staff reported that hiring and background checks of new employees, promotions, contractors, and volunteers are performed by the centralized hiring unit. Human resources staff verified that the agency does prohibit the hiring or promotion of anyone who do not meet the requirements of this provision. It also prohibits the acquisition of services from any contractor who does not meet the requirements of this provision. A total of five agency hiring and promotional records were reviewed. Records indicated that applicants were asked about behavior described in 115.17(a)(1-3). Documentation indicates that all applicants were asked again during a polygraph examination.</p> </div> <div data-bbox="252 1928 1484 2136" data-label="Text"> <p>115.17(b) Directive DPSCS.020.0026, section .05F(2)(a)-(b) states, “The HRSD shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate.” Human resources staff reported that incidents of sexual harassment are considered during the application, interview, background investigation, and orientation processes. Human resources staff also</p> </div>

indicate that this also true for contactors. A total of five agency hiring and promotional records were reviewed. Records indicate that applicants were asked about the types of behavior described in 115.17(b) regarding sexual harassment. Documentation also indicates that all applicants were asked again during a polygraph examination.

115.17(c) Directive DPSCS.020.0026, section .05F(3) states, "Before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall: (a) Conduct a criminal background records check; and (b) Consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse." Human resources staff reported that the centralized hiring unit performs all criminal background checks and efforts to contact all prior institutional employers of new employees. It was reported that investigators are assigned and attempt to contact all previous employers. A total of five agency hiring and promotional records were reviewed. Upon review it was noted that a criminal background check and efforts to contact all prior employers was performed for all applicants. Furthermore, it was noted that prior employer contact was not limited solely to institutional employers.

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

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

115.17(f) Directive DPSCS.020.0026, section .05F(4)(a)-(b) states, "The HRSD shall inquire of each applicant and current employees who may have contact with an inmate directly about previous misconduct described in §.04B(3) of this directive in: (a) A written application or interview for employment or promotions; and (b) An interview or written self-evaluation conducted as a part of a review of a current employee." These questions are part of the PREA DBM DPSCS JOBAPS Application form, PREA Interview Questions for Non-Mandated Positions, Mandated Positions, Promotional and Transfer Candidates form, Polygraph Questions for Mandated Positions, and DPSCS Interview form – Correctional Applicant.

The agency's "continuing affirmative duty to disclose any such misconduct" is noted in The PREA Audit Manual. The DPSCS Standards of Conduct & Internal Administrative Disciplinary Process section B(10) states, "An employee may not violate any state, federal or local law. An employee arrested or criminally charged shall notify or cause to be notified, in writing, his/her

appointing authority via the immediate supervisor on his/her next scheduled workday, but in no case later than five calendar days following the employee's arrest or criminal summons. Upon adjudication of the criminal case, the employee shall notify or cause to be notified, in writing, his/her appointing authority via the immediate supervisor of the Court's disposition. This shall be done on the employee's next scheduled workday, but in no case later than five (5) calendar days following such action." The DPSCS Personal Interview – Correctional Applicant form also indicates a requirement for applicants to disclose the types of behavior indicated in this provision.

Human resources staff indicate that hiring and promotion applications include the questions previously described in provision 115.17(a). This was confirmed via a review of application documents. Human resources staff also report that agency policy requires staff to report such conduct within 24 hours.

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

115.17(h) Maryland's Public Information Act ("PIA"), GP§ 4-311, states, "personnel records of an individual are protected; however, such records are available to the person who is the subject of the record and to the officials who supervise that person. An agency may not generally share personnel records with other agencies; however, it is implicit in the personnel records exemption that another agency charged with responsibilities related to personnel administration may have access to those records to the extent necessary to carry out its duties."

The documentation provided by the facility indicates that current practice does allow for the disclosure of substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. In fact, the documentation indicates it is being submitted specifically for the purpose of compliance with this Standard. I was noted that these inquiries are processed by the agency's human resources department rather than at the facility level.

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

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. Observation 4. Interviews with: <ol style="list-style-type: none"> a. Agency Head with: b. Warden <p>115.18(a) The Audit Manual states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department’s ability to protect inmates from sexual abuse. The Pre-Audit Questionnaire did not indicate any substantial expansions or modifications to the physical plant following WCI’s last PREA audit in 2017. An interview with the agency head designee indicates that when designing, acquiring, or planning substantial modifications to facilities the agency considers PREA requirements relevant blind spots in building plans regarding camera placement. The agency also considers statistics (e.g. a prevalence if incidents), considers needs, past problem areas and evidence-based practices.</p> <p>115.18(b) The Audit Manual states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department’s ability to protect inmates from sexual abuse.” The Pre-Audit Questionnaire indicated new installation or update to the current video monitoring systems. An interview with Warden said they consider statistics (e.g. a prevalence if incidents), past problem areas, blind spots and evidence-based practices. Per the Warden, cameras were updated to high definition and additional cameras have been added.</p> <p>Based on the review of policies, observation, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.</p>

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 371 1417 954" style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 6. DPSCS Executive Directive IIU.220.0002 Evidence and Personal Property Collection, Storage, and Disposition 7. Facility Directive WCI.050.0030.1 Sexual Misconduct-Prohibited 8. COMAR 10.12.02.03 Rape and Sexual Offense – Physician and Hospital Charges 9. PREA signage 10. Interviews with: <ol style="list-style-type: none"> a. Medical staff b. Random staff c. Random inmates <p data-bbox="252 999 1481 1973">115.21(a) The PREA Audit Manual states, “The Department is responsible for investigating allegations of sexual abuse; the Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” The Department’s evidence collection protocol is contained within Directive IIU.110.0011 I and Directive IIU.220.0002. The investigative entity for DPSCS is the Intelligence and Investigative Division (IID). IID initially handles all allegations of sexual abuse and sexual harassment. IID has jurisdiction over both administrative and criminal investigations. Evidence collection protocol is outlined in Directive IIU.110.0011 which requires staff to protect the scene to preserve evidence and items that may be used as evidence, and the victim is advised against actions that would destroy evidence that may be present on the victim’s body or clothing. Directive 220.0002 establishes procedures for collection, storage, and disposition of evidence and other property seized or otherwise under the control of the DPSCS investigative unit. The Directive covers handling evidence in a manner that preserves evidentiary value, prevents damage, and prevents deterioration. Directive IIU.220.0002 states, “When the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate the victim will undergo a forensic medical examination that is performed by a Sexual Assault Forensics Examiner (SAFE), Sexual Assault Nurse Examiner (SANE), or if documented attempts to obtain the services of a SAFE or SANE are unsuccessful, a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims.” Additionally, COMAR 10.12.02.03 states, “When performing a sexual assault forensic examination, a physician or a forensic nurse examiner shall use the Maryland State Police victim sexual assault evidence collection kit or a comparable evidence collection kit and shall follow the kit instructions.”</p> <p data-bbox="252 2018 1465 2130">The evidence collection duties are performed by IID investigators and forensic medical examiners. Per interviews, all staff reported being knowledgeable of the agency’s protocol for obtaining physical evidence. Random staff were able to articulate that the scene would be</p>

secured to preserve physical evidence and the victim would be taken to medical for further evidence collection to include a forensic examination at a local medical facility. Additionally, random staff were able to articulate that the victim should be instructed not to destroy evidence.

115.21(b) The PREA Audit Manual states, "The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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." As listed above, the Department does have Directives that address protocols for evidence collection that meet the requirement of this provision. COMAR 10.12.02.04 addresses protocol necessary to conduct a thorough pediatric examination. COMAR defines a child as any individual younger than 18 years old. The evidence collection protocol is similar to that of an adult; however, there is an emphasis on minimizing additional physical or emotional trauma to the child during the conduct of an evidence collection exam. It should be noted that WCI does not house youthful offenders. Although the agency does not conduct forensic examinations; the agency does have a uniform protocol for the collection and preservation of evidence that appears to be developmentally appropriate for youth.

115.21(c) Directive IIU.110.0011 and Directive OPS.200.0005 require, if medically appropriate or necessary to preserve evidence, the facility to offer the victim access to a medical forensics examination at no cost to the victim that is performed by a Sexual Assault Forensics Examiner (SAFE), Sexual Assault Nurse Examiner (SANE), or a medical professional who has been specifically trained to conduct medical forensics examinations. Neither the agency nor facility conducts forensic examinations. Per the PAQ, one forensic examinations were conducted during the past 12 months. An interview with facility medical staff verified that facility medical staff do not conduct forensic examinations. Inmate victims of sexual abuse do initially come to health care and are subsequently referred to the local hospital if a forensic exam is necessary.

115.21(d) Directive IIU.110.0011, section .05D(3) states, "If the victim requests, coordinate with the managing official, or a designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensics examination and investigatory interviews." Also Directive OPS.050.0001 and Directive OPS.200.0005 indicate that as requested by the victim and the services are reasonably available, have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigation interviews a qualified victim advocate; a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role; or a non-department community-based organization representative who meets the criteria for a department employee established under §.05G(3)(b)(ii) of this directive.

DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide advocacy services statewide. MCASA is the federally recognized state sexual assault coalition. Its core members are the state's 17 rape crisis and recovery centers. MCASA provides legal advocacy, legislative advocacy, general advocacy, and emotional support services through the organizations network of providers. Specific services include

accompaniment during forensic medical exams, investigatory interviews, and court proceedings. Services also include emotional support, and crisis intervention. Services are generally available via telephone, mail, or in-person.

115.21(e) Directive IIU.110.0011, section .05D(3) states, "If the victim requests, coordinate with the managing official, or a designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensics examination and investigatory interviews" Also OPS.050.0001 and Directive OPS.200.0005 states, "If requested by the victim and the services are reasonably available, have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigation interviews: (i) A qualified victim advocate; (ii) A Department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role; or (iii) A non-Department community-based organization representative who meets the criteria for a Department employee established under §.05G(3)(b)(ii) of this directive." DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA) to provide advocacy services statewide. Per the PAQ, no inmates requested a victim advocate and no forensic exam were completed.

115.21(f) DPSCS has an investigative division staffed with sworn police officers who conduct all of the agency's administrative and criminal investigations. Therefore, this provision is not applicable.

115.21(h) DPSCS has an MOU for advocacy services provided through the Maryland Coalition Against Sexual Assault (MCASA). Therefore, this provision is not applicable.

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

115.22	Policies to ensure referrals of allegations for 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. DPSCS PREA Audit Manual 3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited 5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses 6. DPSCS Executive Directive IIU.220.0002 Evidence and Personal Property Collection, Storage, and Disposition 7. Facility Directive WCI.050.0030.1 Sexual Misconduct-Prohibited 8. 2019 PREA Tracking log 9. Investigation Files 10. Interviews with: <ol style="list-style-type: none"> a. Agency head b. Warden <p>115.22(a) Directive IIU.110.0011, section .03 states, “The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.” Directive OPS.050.0001 and Directive OPS.200.0005 states, “An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct.” The agency head designee reported that every allegation of sexual abuse or sexual harassment goes through IID. All investigations criminal or administrative are tracked by the facility and IID. In the past 12 months there were 15 allegations of sexual abuse and sexual harassment reported.</p> <p>115.22(b) Directive IIU.110.0011, section .03 states, “The Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.” Directive OPS.050.0001 and Directive OPS.200.0005 states, “An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct.” The Agency employs investigators who are sworn police officers who are authorized under Maryland law to conduct both administrative and criminal investigations. The DPSCS website was reviewed and the policy was posted on the agency website. Interviews with investigative staff indicate that all allegations of sexual abuse and sexual harassment are first referred to IID for investigation. An interview with the agency head designee noted that every allegation of sexual abuse or sexual harassment goes through IID.</p> <p>115.22(c) DPSCS IID is responsible for investigations of sexual abuse and sexual harassment.</p>

Therefore, this provision is not applicable.

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

115.31	Employee training
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 371 1437 831" style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct – Prohibited 4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 5. Comar 12.10.01.16 Correctional Training Commission requires annual training 6. PREA Training Lesson Plans 7. PREA Training records and Rosters 8. Interviews with: <ol style="list-style-type: none"> a. PCM b. Training Staff c. Random staff <p data-bbox="252 875 1474 1547">115.31(a) Directive OPS.050.0001 states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: (1) Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” A similar requirements 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;” Additionally, COMAR 12.10.01.16 Correctional Training Commission requires completion of annual training by December 31 of each calendar year. PREA training is part of the annual training curriculum. DPSCS utilizes two PREA lesson plans . a Correctional Entrance Level Training Program (for new employees) and a Correctional In-Service Training Program (for current employees). Both lesson plans are very similar in content. Training is two hours, lecture based with a slide presentation, and followed by a test. Staff must score 75% or better in order to complete the training. The lesson plans covers the 10 topics specified in this provision.</p> <p data-bbox="252 1592 1474 1962">A review of staff training records was performed to confirm staff completed the required PREA training. Random staff interviews indicated that in-service training is provided annually and that PREA is part of this training. 100% of random staff interviewed reported that in-service training contains all the information required by this provision. Training staff indicate that all staff are required to complete training annually and the training department tracks staff progress via spreadsheet to ensure completion of training. Furthermore, anyone who did not complete training may have been unable to attend for various reasons (i.e. injury, illness, scheduling conflict) and would be required to make up any missed training by the required deadline.</p> <p data-bbox="252 2007 1474 2119">115.31(b) The PREA Audit Manual states, “Such training shall be tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses</p>

only female inmates, or vice versa.”

Training is designed for officers to be able to function in both female and male facilities. WCI only houses male inmates.

115.31(c) The PREA Audit Manual states, “All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the Department shall provide each employee with refresher training every two years to ensure that all employees know the Department’s current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the Department shall provide refresher information on current sexual abuse and sexual harassment policies.” Again, COMAR 12.10.01.16 Correctional Training Commission requires completion of annual training by December 31 of each calendar year. PREA training is part of the annual training curriculum.

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

115.31(d) The PREA Audit Manual states, “The Department shall document, through employee signature or electronic verification that employees understand the training they have received.” COMAR 12.10.01.16 Correctional Training Commission section F(3) states, “An agency head or training director sending a mandated employee to another academy for Commission-approved mandated employee training shall maintain records of in-service training and firearms training and qualification provided by the academy conducting the training until audited by the Commission. A review of annual staff training records was performed. Staff signatures confirm that training records are signed indicating completion of training. Employees who attend the training must score 75% or better to pass a test which demonstrate their understanding of the material.

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

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> 1. WCI Completed Pre-Audit Questionnaire (PAQ) 2. DPSCS PREA Audit Manual 3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited 4. DPSCS Volunteer Services Orientation Manual 5. Corizon PREA Training Lesson Plans 7. PREA Training records and Rosters 8. Interviews with: <ol style="list-style-type: none"> a. PCM b. Training Staff c. Volunteer Coordinator d. Contractors and volunteers <p>115.32 (a), (b) Directive OPS.200.0005 says employee means 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.” The volunteer coordinator related that volunteers apply online and once approved for one facility, may go to any facility upon completion of the orientation. This auditor verified there is an informative page on the DPSCS website specifically for volunteers, with contacts for further information as well as convenient links to the volunteer application. The Volunteer Program Orientation Manual guides volunteer training. According to the manual volunteer shall complete approved orientation prior to beginning an assignment and volunteer orientation shall be a minimum of 2 hours. The manual covers the agency’s policies regarding sexual abuse and sexual harassment, as well as the expectations, responsibilities, and rules of conduct for each volunteer. Per the PCM, most contractors attend in-service using the department's PREA lesson plan. Volunteers and contractors who have minimal inmate contact are trained using the volunteer manual. Contractors who come in one time only are given a PREA sign off information sheet. Per the PAQ, there are 78 regular contractual staff and 120 volunteers. Review of documentation indicated all have received training based on the services they provide and level of contact they have with inmates. It should also be noted that as of January 1, 2019, the DPSCS changed health care contracts from Wexford Health to Corizon, Per interviews, medical staff indicated they receive PREA training through both DPSCS and Corizon.</p> <p>115.32(c) The Volunteer Orientation Manual is provided to each volunteer and includes a signed and dated agreement by the volunteer and witnessed by the trainer. The agreement indicates the volunteer understands and will comply with the requirements provided to them in</p>

the Orientation Guide, rules of conduct, written guidelines and handouts provided and explained to them during orientation. Volunteers indicated during interviews that the volunteer coordinator reviewed PREA information with them, including zero tolerance for sexual abuse and sexual harassment, that incidents must be reported and how to report. The manual covers the agency's policies regarding sexual abuse and sexual harassment, as well as the expectations, responsibilities, and rules of conduct for each volunteer. One volunteer was formally interviewed. Contract staff attend the Non-Academy Pre-service Orientation training for new employees. This training is followed by a test. Staff must score 75% or better in order to complete the training.

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

115.33 Inmate education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited
5. WCI Facility Directive WCI.050.0030.1 Sexual Misconduct – Prohibited
6. PREA Hotline signs (English and Spanish)
7. WCI Inmate handbook
8. PREA Sexual Assault Awareness Brochure (English and Spanish)
9. Inmate PREA Orientation Receipt
10. PREA video
11. Observation on site
12. Interviews with:
 - a. PCM
 - b. Intake Staff
 - c. Classification staff
 - d. Random inmates

115.33(a) Directive OPS.200.0005 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: 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; By inclusion in the facility’s inmate orientation paperwork; and If applicable, the facility’s inmate handbook;” are the agency policy requiring inmate education. Facility Directive WCI.050.0030.1 “All inmates shall receive comprehensive PREA education as well as institutional-specific PREA training within 30 days of transfer to the facility. All inmates shall sign a form indicating that have participated in the training. These signed forms shall be maintained in the inmates’ base file.” During intake, inmates receive and sign for the inmate handbook. It provides information on the agency’s zero tolerance policy for sexual abuse or sexual harassment and provides information on how to report sexual abuse and sexual harassment. During interviews with intake staff indicated that inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Random inmate interviews revealed that most indicated that they received the handbook and or flyer as soon as they arrive at the facility. 13 random files were selected for the purpose of evaluating intake records. Intake records are signed by the inmate and kept in the inmate file. The review of inmate file documentation indicated that 11 inmates received the handbook at intake on the day of arrival and two inmate received the handbook the next day of arrival.

115.33(b) Directive OPS.050.0001 and Executive Directive OPS.200.0005 state, “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: 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; By inclusion in the facility's inmate orientation paperwork; and If applicable, the facility's inmate handbook;" are the agency policy requiring inmate education. Facility Directive WCI.050.0030.1 states, "All inmates shall receive comprehensive PREA education as well as institutional-specific PREA training within 30 days of arrival at DRCF. All inmates shall sign a form indicating that have participated in the training. These signed forms shall be maintained in the inmates' base file." Orientation is usually conducted within 72 hours of arrival at the facility in conjunction with the PREA screening process. Orientation is provided by the case management specialist, PREA is discussed and inmates have an opportunity to ask questions. Inmates are provided with a Sexual Abuse Brochure. A PREA video is continuously played on the institutional channel 2. Inmates sign the Orientation Acknowledgement indicating that they understand the information provided. Case managers indicate that orientation is usually conducted the week of arrival. Overall inmates reported having received comprehensive orientation within 30 days of arrival. A review of inmate file documentation indicates that 100% received comprehensive orientation within 30 days of arrival.

115.33(c) The Directives listed above also meet the requirements of this provision. Based on direct observation, a review of file documentation, and interviews with inmates and staff all inmates including those who transfer from another facility receive the benefit of the same educational information. Agency education information is standardized and does not change from one facility to the next. Regardless of how the inmate arrived at the facility the education process for all incoming inmates is the same. All inmates go through the very same intake and comprehensive orientation process as any other inmate.

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

115.33(e) The Directives listed above also meet the requirements of this provision. 13 random files were selected for the purpose of evaluating intake records and comprehensive orientation records. Inmates sign two separate forms one acknowledging receipt of the intake information and another form acknowledging participation in comprehensive orientation. A review of inmate files indicates that 100% of inmates signed acknowledging having participated in both the intake education and the comprehensive education.

115.33(f) The PREA Audit Manual states, "In addition to providing such education, the Department shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats." "In addition to providing such education, the Department shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats." PREA information was observed to be continuously and readily available to the inmate

population throughout the facility. PREA signage containing hotline contact information and sexual abuse information was noted as being posted throughout the institution. Signage was observed to be available in English and Spanish. As previously discussed, inmates are provided with personal copies of PREA brochures and the inmate handbook.

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

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited
4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct - Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. Lesson Plan – Specialized Training: Investigations
7. Interviews with:
 - a. Facility Investigator
 - b. IID Investigator

115.34(a) Directive OPS.050.0001 and Directive OPS.200.0005 states in part, “To the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations.” Directive IIU.110.0011, section .03B states, “Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting.” IID has jurisdiction over both administrative and criminal investigations. Initially, IID handles all allegations of sexual abuse and sexual harassment. IID investigators are required to meet training standards in order to maintain law enforcement certification and are sworn officers. All investigations of sexual abuse and sexual harassment, criminal and administrative, are initially forwarded to the IID unit. IID will subsequently determine if the allegation will be investigated locally by facility staff or investigated by an IID 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 detectives are issued a certificate of completion indicating that the detective has successfully completed training in conducting PREA investigations.

WCI has one facility investigator. During an interview the facility investigator indicated that specialized investigator training had been completed. Information covered during investigator training included but was not limited to evidence collection, interviews, documentation, and evidentiary standards. He indicated that all investigations completed in the past 12 months were conducted by an IID detective. One IID detective was also interviewed. The IID detective indicated that sexual abuse investigation training is covered during PREA in-service training and at the policy academy. Topics discussed during specialized investigator training include how to process a scene, interviewing techniques, witness interviews, video forensic examinations, how to take statements, and how to develop a conclusion to the investigation. Training records indicate that all IID detectives who completed an investigation for WCI have been trained.

115.34(b) The Lesson Plan – Specialized Training: Investigations is the curriculum utilized to

train staff in the conduct of sexual abuse and sexual harassment investigations. In the "General Comments" section on page 2 states, "This lesson plan is intended for use with Department personnel assigned to conduct an investigation of an allegation of misconduct that involves a sex related offense. This lesson will give participants the information they will need to conduct criminal and administrative investigations compliant with the Prison Rape Elimination Act." Directive IIU.110.0011 defines all the related PREA terms, explains the responsibility of employees who observe or have knowledge of an incident, outlines the requirements for investigating sex related offenses as well as responding to them, including treating the victim as well as the perpetrator. The Lesson Plan titled Specialized Training Investigations for PREA indicates what training is received by the special investigators. This includes the definition, purpose and history of PREA, definitions, first responder duties, medical examinations, comprehensive investigations, evidence collection, interviewing the victim, suspect and witnesses, Miranda rights, Garrity rights, and handling false accusations. The specialized training for investigators is a 4-hour training program including a slide presentation, video presentation, role play activities, handouts and a comprehensive knowledge test. Staff must score 75% or better in order to complete the training.

115.34(c) The PREA Audit Manual states, "The Department shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations." The auditor reviewed training records of agency investigators who have completed specialized training in the conduct of sexual abuse investigations.

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

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.35(a) Directive OPS.050.0001 defines “employee” as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C(1) states, “The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;” Medical and some mental health staff are contract employees who must complete the agency’s PREA training and specialized training received from the contractor (Corizon or Centurion). WCI also employs mental health staff who completed the Agency's PREA training and specialized training through NIC. The training curriculum Medical and Mental Health Training Presentation was reviewed. This training is lecture based accompanied by a slide presentation and followed by a test. Medical and mental health staff also receive the Sexual Assault Prevention and Reporting Staff Information Brochure and the Prison Rape Elimination Act Information Booklet for Volunteers and Contractual Workers. This information covers the agency’s zero tolerance policy, methods of reporting, consequences for participating in prohibited activities, and basic actions to take (i.e. separate victim and aggressor) during an incident. This includes a duty to report and how to report allegations of sexual abuse and sexual harassment. The information also covers characteristics of at-risk populations, predatory inmates, and the warning signs associated with victimization. During interviews with medical and mental health staff they indicated they received PREA training from both WCI and contractor and confirmed the trainings covered the topics required by this provision. The Auditor also reviewed training records and certificates.

115.35(b) Neither the agency nor the facility conducts forensic medical exam. All forensic examinations are performed off-site at a local medical facility.

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

115.35(d) Directive OPS.050.0001, section .04B(6) defines “employee” as an individual assigned to or employed by the department in a full-time, part-time, temporary, or contractual position. Section .05C(1) states, “The head of a unit, or a designee, responsible for the

custody and security of an inmate, in addition to responsibilities under §.05B of this directive, shall ensure that: Each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct;" with regard to contractor training. As indicated in the provisions above all mental health staff employed by WCI and all contracted medical and mental health staff attended the Agency's PREA training.

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

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Reviewed (documents, Evidence interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
4. Facility Directive WCI.050.0030.1 Sexual Misconduct-Prohibited
5. PREA Intake Screening Instrument
6. Inmate Files
7. Interviews with:
 - a. Agency head Designee
 - b. PCM
 - c. Intake staff
 - d. Case Managers
 - e. Random inmates

115.41(a) Directive OPS.200.0006 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the Department of Public Safety and Correctional Services to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. The agency uses the PREA Intake Screening form to assess inmate risk of sexual victimization and risk of sexually abusing other inmates. A random sample of 13 inmate PREA Intake Screening forms was selected for review. 100% of the sample was screened using the PREA Intake Screening form. The initial risk assessment is completed upon arrival to WCI by a traffic officer. Risk assessment screening is conducted by staff who personally interview the inmate in a private setting. Interviews with intake staff indicate that the PREA Intake Screening is the form utilized to conduct screening for the risk of sexual victimization and risk of sexually abusing other inmates. Overall inmates interviewed reported being asked questions related to the PREA Intake Screening form.

115.41(b) Directive OPS.200.0006, section .05B(1) states, "That each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential for abusiveness within 72 hours of arrival at a facility" and the same requirement is found in Facility Directive WCI.050.0001. A random sample of 13 inmate PREA Intake Screening forms was reviewed for compliance with the 72 hour requirement. 100% of the PREA Intake Screening forms reviewed were compliant with the 72-hour requirement. A majority of the PREA Intake Screening forms reviewed were completed on the day of arrival.

115.41(c) Directive OPS.200.0006, section .05A requires the implementation of a screening instrument and cites the criteria utilized to perform the risk assessment. The PREA Intake Screening form is the agency-approved standardized screening instrument. A blank copy of the PREA Intake Screening form was provided with the PAQ. 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 an inmate record.

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

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

115.41(f) Directive OPS.200.0006, section .05B(2) requires case management staff to re-assess each inmate within 30 days of the inmate's arrival at the facility. Facility Directive WCI.050.0030.1 also requires case management to review risk assessment scores within 30 days of transfer into the facility. The PREA Intake Screening form is utilized to conduct the 30-day risk screening re-assessment. A random sample of 13 inmate PREA Intake Screening forms was reviewed for compliance with the reassessment being completed within 30 days of arrival. 100% of the PREA Intake Screening forms reviewed were compliant with the 30 day requirement. Interviews with case management staff indicated the 30 day reviews are completed face-to-face with the inmate. Most inmates interviewed recall being asked questions associated with the PREA Intake Screening form a second time.

115.41(g) Directive OPS.200.0006, section .05B(4) requires case management staff to 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 any re-assessment. Staff who perform risk screening indicated that a re-assessment is conducted upon receiving information that an inmate has been abused, harassed, or something has changed regarding the initial assessment.

115.41(h) Directive OPS.200.0006, section .05B(5) states that inmates will not be disciplined for refusing to answer or disclosing complete information in response to screening questions. Staff who perform risk screening were interviewed. Staff reported that an inmate is not disciplined for refusing to respond or for not disclosing complete information and stated most inmates are cooperative and provide responses. During inmate interviews, no inmate reported being disciplined for refusing to answer PREA risk screening questions.

115.41(i) Directive OPS.200.0006, section .05B(6) requires, "Appropriate controls to be in place for facility dissemination of information collected during screening to ensure that

sensitive information is not exploited to the inmate's detriment by staff or other inmates." Upon completion, the PREA Intake Screening form is placed in the inmate file. Inmate files are secured in the administrative building file room. The file room is a secure room, staffed by records personnel, and is capable of being locked. Case Management will ensure screening information is entered in Offender Case Management System (OCMS). The OCMS system has limited access, is password protected, and confined to case management staff with user profile access. Staff who perform risk screening indicated that risk assessments are kept in the file room and that case managers, medical and mental health staff have access to the risk assessment results.

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

115.42 Use of screening information

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
4. Facility Directive WCI.050.0030.1 Sexual Misconduct-Prohibited
5. PREA Intake Screening Instrument
6. Inmate Files
7. Interviews with:
 - a. Agency head Designee
 - b. PREA Compliance Manager
 - c. Intake staff
 - d. Case Manager
 - e. Transgender inmates

115.42(a) Directive OPS.200.0006, section 5C(1)(a) states, "The PREA Coordinator shall ensure that the following issues are appropriately addressed in procedures for using information obtained during screening required under this directive: (1) Screening information shall be considered: (a) When making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive." Facility Directive WCI.050.0030.1 states, "The completed PREA Screening Instrument(s) for each inmate is sent to case management for placement in Section 5 of the basefile. Relevant alerts shall also be placed on all facility and agency data systems by case management to assist in housing and programming decisions. Housing decisions should be made using the PREA Compatibility Rules. The facility does not house victims and abusers together. The PCM reported that initial housing assignments based on the initial risk assessment results. Staff who perform screening reported that inmates at risk of victimization are separated from inmates at risk of abusiveness based on the risk assessment score. Those who are at risk of victimization cannot be housed with those who are at risk of abusiveness. The PREA compatibility rules and chart are used to determine housing assignment.

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 inmates individual risk screening is reviewed and utilized to keep inmates safe.

115.42(c) Directive OPS.200.0006 states, " When deciding to assign a trans gender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems."

A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The PCM indicated placement and programming assignments for transgender and intersex inmates are reviewed with the case management team. Case management and medical staff perform bi-annual re-assessments, case planning, and housing recommendations.

115.42(d) Directive OPS.200.0006, .05C(2) states, "Placement and programming assignments for each trans gender or intersex inmate shall be re assessed at least twice each year to review threats to safety experienced by the inmate." Facility Directive WCI.050.0030.1 states, "Ensure that housing and programming assignments for each transgender or intersex inmate are reassessed and documented in Case Notes at least twice each year to review any threats to safety experienced by the inmate. The inmate's own views with respect to his safety shall be given serious consideration." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The PREA compliance manager indicated placement and programming assignments for transgender and intersex inmates are reviewed with the case management team. Staff who perform risk screening added that placement decision for transgender and intersex inmates are handled by the PCM. Case management and medical staff perform bi-annual re-assessments, case planning, and housing recommendations.

115.42(e) Directive OPS.200.0006, section .05C(3) states, "A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered." Facility Directive WCI.050.0030.1 states, "Ensure that housing and programming assignments for each transgender or intersex inmate are reassessed and documented in Case Notes at least twice each year to review any threats to safety experienced by the inmate. The inmate's own views with respect to his safety shall be given serious consideration." A review of the PREA Intake Screening form revealed that it does affirmatively inquire as to whether an inmate is transgender or intersex. The PREA compliance manager indicated that transgender and intersex inmate's views regarding his or her own safety are seriously considered. Transgender and intersex inmate can request a personal search exception card issued by the warden which allows the inmate to be searched by staff of a preferred gender. The PCM also indicated that transgender and intersex inmate have an opportunity to shower separately. Staff who perform risk screening reported that transgender or intersex inmate's views are absolutely considered. The auditor interviewed three transgender inmates and no issues reported regarding shower times and they stated search cards are provided.

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." Facility Directive WCI.050.0030.1 indicates Custody staff shall ensure transgender and intersex inmates have an opportunity to shower separately from other inmates. The PCM indicated that transgender and intersex are given the opportunity to shower separately from other inmates. Facility practice has been to allow transgender or intersex inmates to shower during off hours or during count time.

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." Facility Directive WCI.050.0030.1 indicates

Gay, bisexual, transgender, or intersex inmates are not placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless done so in connection with a legal determination to protect such inmates. Two inmates who identified as gay were interviewed. Both inmates reported that the facility does not house lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units or wings at WCI. Direct observation corroborates inmate interview results. The PCM indicated that WCI does not house lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units or wings. The PREA Coordinator was asked how the agency ensure against placing gay, lesbian, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings, solely on the basis of their sexual orientation, genital status, or gender identity. His response was that the State of Maryland places gay, bisexual, transgender or intersex inmates throughout their facilities. At the facilities they are placed in general population housing units. He also stated that the State of Maryland does not have a consent decree. There were six inmates that identified as LGBTI that were interviewed during the on-site portion of the audit. They indicated they not housed separately from other inmates.

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

115.43 Protective Custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.0006 Assessment for Risk of Sexual Victimization and Abusiveness
4. Facility Directive WCI.050.0030.1 Sexual Misconduct-Prohibited
5. DOC.100.002 Case Management Manual
6. Inmate Files
7. Interviews with:
 - a. Agency head Designee
 - b. PREA Compliance Manager
 - c. Intake Staff
 - d. Case Managers
 - e. Random Inmates

115.43(a) The DOC— Case Management Manual section .18E(1)(a)-(f) states, “Protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. Alternatives may include, but are not limited to: (a) Transfer of the inmate to a different housing unit within the facility; (b) A lateral transfer of the inmate to another facility of the same security level; (c) Transfer of the inmate’s documented enemy or enemies to another facility; (d) Transfer of the inmate to another state under the provisions of the Interstate Corrections Compact (ICC); (e) Transfer to MCAC (in exceptional circumstances only); or (f) Assignment to home detention (if eligible).” Facility Directive WCI.050.0030.1 states, “Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be immediately conducted, the victim may be held in involuntary segregated housing for less than 24 hours while completing the assessment.” The PAQ noted that no inmates were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of an assessment or temporarily placed on ad/seg to ensure safety. Per interview with the Warden, he was aware of the requirements pertaining to the placement of inmates at high risk of sexual victimization in involuntary segregated housing. He reported that as a last resort seg cells could be utilized to hold inmates who are at high risk for sexual victimization.

115.43(b) The DOC-Case Management Manual section .18F(1)-(17) states in part, “An inmate assigned to administrative segregation or protective custody shall be subject to the conditions of confinement as follows...” The conditions of confinement outline opportunities that have been limited, and the duration of these limitations. Opportunities for those in protective custody include institutional movement, hygiene, property, out-of-cell activities, access to health care, case management, education, library, legal, visits, religion, food, mail, commissary, and segregation status. The rationale for any limitations would be documented

on the Administrative Segregation Investigative Report and the Notice of Assignment to Administrative Segregation. Facility Directive WCI.050.0030.1 states, " Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If restrictions to programs, privileges, education, or work opportunities are in place it shall be documented by supervisor staff and forwarded to the PCM. A report requires the following: (a) opportunities that have been limited; (b) duration of the limitation and; (c) reasons for such limitations. As indicated above, one inmate was assigned to administrative segregation pending a review and was released back to general population.

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

115.43(d) The DOC– Case Management Manual section .18E requires the use of the Administrative Segregation Investigative Report and Notice of Assignment to Administrative Segregation to document the basis for concern and reasons why no alternative means of separation can be arranged. The Notice of Assignment to Administrative Segregation is provided to the inmate and provides the inmate a rationale for placement. As indicated in provision (a) above, one inmate was placed in involuntary segregation. The facility followed the protocol per the manual. The auditor reviewed the documentation for placement and removal and found it to be consistent with the protocol.

115.43(e) The DOC – Case Management Manual section .18B(2)(c) requires a case management team review each case at least once every 30 days. As indicated in provision (c) above no inmates were held in involuntary segregated housing for longer than 30 days. The Warden was aware of the requirement for 30 days reviews, but indicated inmates have never been held in 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

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct-Prohibited
5. Facility Directive WCI.050.0030.1 Sexual Misconduct-Prohibited
6. DPSCS Website
8. PREA Hotline Posters
9. PREA Posters
10. Inmate Handbook
11. Interviews with:
 - a. Random staff
 - b. PCM
 - c. Random Inmates

115.51(a) Executive Directive OPS.200.0005, section .05E(2), "A complaint of alleged sexual misconduct may be submitted in the following formats: (a) In writing (includes electronic documents); or (b) Verbally." Additionally, section E(4) states, "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." Facility Directive WCI.050.0030.1 states, "Any WCI employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. Inmates also have access to a toll free hotline number which will refer any reports for investigation. Reports can also be made anonymously." The Inmate Handbook and the PREA and Sexual Assault Awareness brochure contain information on how to report sexual assault. Random inmate interviews indicate that all inmates were aware of the reporting options available. They indicated there is signage everywhere and calling the hotline number was a common response. Random staff interviews indicate that all staff were aware of the internal reporting options available to the inmates.

115.51(b) Directive OPS.050.0001 and Directive OPS.200.0005 states, "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. 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. Facility Directive WCI.050.0030.1 states, "Any WCI employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. Inmates also have access to a toll free hotline number which will refer any reports for investigation. Reports can also be made anonymously." Inmate interviews indicated that they knew they could report sexual abuse or sexual harassment either verbally, in writing, or via third parties. Most inmates also indicated that they could report sexual abuse or sexual harassment anonymously. All random staff reported that inmates could report sexual abuse or sexual harassment either verbally, in writing, anonymously, and via third parties. Staff indicated that they would document verbal reports of sexual abuse or sexual harassment.

115.51(d) The PREA Audit manual states, "The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates." This policy guides facility practice with regard to privately reporting sexual abuse, sexual harassment, and retaliation. Interviews with random staff indicated that staff are knowledgeable in how to privately report sexual abuse or sexual harassment. Most staff cited the PREA hotline and notifying a supervisor as the primary ways to make a private report of sexual abuse or sexual harassment.

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

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

Maryland Code of Regulations (COMAR) 12.02.28.04B(5) (Title12-DPSCS, Subtitle 02-Division of Correction, Chapter 28-Administrative Remedy Procedures to Resolve Inmate Complaints, Section .04B), An inmate may not use the ARP to resolve a complaint concerning: (5) The following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act: (a) Rape; (b) Sexual assault, sexual harassment, sexual abuse; and (c) Other sexual misconduct. If a complaint is made through the ARP, it is treated as any other written form of reporting, and forwarded directly to the Facility Administrator and to IID to be processed for investigation DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse making this agency exempt from this standard.

115.53 Inmate access to outside confidential support services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.53(a) The PREA Audit Manual states, "Services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible." DPSCS has an agreement with the Maryland Coalition Against Sexual Assault (MCASA). MCASA is the federally recognized state sexual assault coalition. Its core members are the state's 17 rape crisis and recovery centers. Services provided thorough MCASA include legal advocacy, legislative advocacy, general advocacy, and emotional support services provided through MCASA's network of providers. The agreement specifically states, "MCASA will develop procedures to meet PREA Standard 115.53 in providing access to outside confidential services for Inmates. MCASA will provide technical assistance as needed, including researching and developing policies to address problems and concerns related to provision of confidential emotional support services." Some inmates were aware that advocacy, crisis intervention, and emotional support services were available.

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

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

115.54 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.54(a) Directive OPS.050.0001 and Directive OPS.200.0005 states, "A complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals: A "third party" or other individual who has knowledge of the alleged inmate on inmate sexual conduct." Facility Directive WCI.050.0030.1 Prohibited indicates, 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. The auditor review the agency's website contains the necessary PREA contact information. The Information provided on the website includes phone numbers and email address that are published and available to the public along with the agency PREA Coordinator's contact information. Interview with inmates revealed that most were aware a 3rd party could report a sexual assault allegation.

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

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.61(a) Directive IIU.110.0011, section .05A states, "An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative 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 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 requires employees to report any incident in which injury, serious enough to warrant medical attention, occurs involving an inmate, employee, or visitor on the grounds of the facility or creates an imminent threat the security of the facility, or to the safety of inmates, employees, or visitors on the grounds of the facility. During random staff interviews 100% of staff reported that the agency does require staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Staff also indicated a responsibility to report any retaliation against inmates or staff for reporting sexual abuse or sexual harassment. Staff also indicated a duty to report any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment.

115.61(b) Directive OPS.050.0001 and Directive OPS.200.0005 requires confidentiality with

regard to information concerning a complaint of alleged sexual misconduct/sexual conduct and any information may only be available to individuals who have an established role in the reporting, processing, investigating, and immediate and continued care of the victims. Facility Directive WCI.050.0030.1 indicates the Warden is responsible to ensure that staff who exploit sensitive inmate information are disciplined accordingly. 100% of staff reported that the agency does require staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Staff recognized an immediate duty to report the information to a supervisor and also of their responsibility to keep information related to an incident of sexual abuse confidential.

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

115.61(d) The PREA Audit manual states, "If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the Department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws." Maryland does have mandatory reporting laws for physical and sexual abuse of children and vulnerable adults. 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. WCI only houses male inmates 18 or older. The PREA Coordinator indicated we have never had an allegation from these types of individuals.

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

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

115.62 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. Notice of Assignment dated 5/16/2019
6. Division of Correction Manual: DOC.100.0002, Case Management Manual
7. MD PREA Training lesson plan
8. Interviews with:
 - a. Agency head
 - b. Warden
 - c. PREA Compliance Manager
 - d. Random staff

Executive Directives require that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. The Directives holds 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. This information is also covered in the PREA lesson plan. The DOC Case Management Manual, says in Section 18, Special Confinement Housing, Section A, "the DOC utilizes special confinement housing when an inmate requires close supervision, segregation from the general population, or both. It may be used to ensure the safety and security of the facility, staff, individual inmate, the general inmate population or some combination of these. Directive OSPS.200.0005, in Section 5C1a, requires staff to use screening information to separate inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

All staff interviewed said they would take immediate steps to protect the inmate and call a supervisor. All staff are issued a PREA response card. Per the PAQ, In the past 12 months, there zero times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: The Warden, when interviewed, said they have multiple ways to protect inmates, such as moving the victim or abusers or housing an inmate in segregation to protect them.

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

115.63 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.63 (a-d) Directive .050.0001 addresses this standard. It says 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 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.

In the past 12 months, there were no allegations the facility received that an inmate was abused while confined at another facility: In the past 12 months, there were two allegations that sexual abuse occurred at WCI that were received from other facilities. Review of the Investigative spread sheet indicated that these allegations were recorded and investigated.

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

115.64 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Medical Staff
 - d. Random staff

115.64(a) Directive OPS.050.0001, addresses the requirements of this standard. It says that the first correctional officer responding to an incident of sexual misconduct shall respond by immediately stopping an incident in progress, if necessary arranging for separation of the victim from the abuser, immediately providing medical attention, if qualified, or arranging for appropriate medical attention, preserving the scene of the incident, and ensuring the victim and abuser are advised not to do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. The same language is contained in Directive OPS 200.0005. In the past 12 months, there were 8 allegations that an inmate was sexually abused. Of these allegations, there were three times where the first security staff member to respond to the report separated the alleged victim and abuser. In one allegation the response was within a time period that still allowed for the collection of physical evidence.

115.64(b) Directive OPS.0050.0001 states, “that if the first employee responding to an incident of sexual misconduct is not a correctional officer, the employee shall immediately request that a correctional officer respond to the scene and take steps to ensure that the victim not do anything that might destroy physical evidence, i.e., brushing teeth, bathing, changing clothes, urinating, defecating, drinking or eating”. In the past 12 months there were 2 allegations that an inmate was sexually abused that were reported directly to a non-security staff. The staff followed the steps in the directive and documented in an incident report.

All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. All of them 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. They all said they would also immediately call supervision. All staff are trained as first responders and were issued a pocket card that list the steps to take when responding to an allegation that an inmate was sexually abused.

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

115.65 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

The PREA Audit Manual states, “The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.” 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. Appendix 5 of the directive, PREA First Responder Checklist, 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. Appendix 6 of the directive, PREA Response and Containment Checklist is a checklist for the shift commander or supervisor to follow listing all action to be taken when a report of sexual abuse is received. All staff interviewed were very well informed on the steps of the action plan and were able to articulate the responsibilities of a first responders.

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

115.66 Preservation of ability to protect inmates from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.66(a) The PREA Audit Manual states, “Neither the Department nor any other governmental entity responsible for collective bargaining on the Department’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the Department’ ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.” Therefore, Maryland law requires that management retain all basic rights. State Personnel and Pensions Article, §3-302, Annotated Code of Maryland management’s rights as provided by law was submitted for review. Items 1 through 8 of this document specifically state that the Agency has the ability to manage their staff in the event that an issue were to occur related to many different issues, of which (3) states, hire, direct, supervise, and assign employees, and (4) states, promote, demote, discipline, discharge, retain, and lay off employees. Agency Head designee reported that Maryland is a management rights state. DPSCS has discretion regarding the assignment, hiring and firing of staff and no limitations to the agency’s ability to remove employee sexual abusers from contact with inmates.

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

115.67 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. WCI Facility Directive WCI 050.0001 Sexual Misconduct-Prohibited
5. Retaliation Monitoring form
6. Interviews with:
 - a. Agency Head
 - b. Warden
 - c. PREA Compliance Manager

115.67 (a) Executive Directive OPS.050.0001, says that 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. WCI has designated the Assistant Warden and PCM to monitoring retaliation.

115.67(b) Executive Directive OPS.050.0001 addresses this provision. It 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 and staff work assignments; and Continued monitoring as deemed appropriate. Per interviews with the Agency Head and Warden, they stated there are multiple options available to protect inmate and staff from retaliation.

115.67(c & d) Executive Directive OPS.050.0001, identifies changes that may suggest possible retaliation by inmates or staff, which may include, but is not limited to unreasonable or unjustified: Discipline; Changes in work or program assignments; Transfers or placements; or Denial of privileges or services. and must be monitored, as discipline, changes in work or program assignments, transfers or placements, or denial of privileges or services. The facility presented, as documentation, a Retaliation Monitoring form, that identifies, by name and case number, the facility, victim, report date, retaliation monitor and preliminary protection measures. The tracking portion of the form identifies housing changes, programming changes, disciplinary record, etc., as items to monitor, and provides a place for reporting within 7 days, at two weeks, within 30 days, within 60 days, final 90 days, and space for extended monitoring. It also includes a column for the retaliation monitor to include notations regarding negative interactions with staff or inmates. The auditor reviewed completed retaliation forms for the past 12 months. There were no times an incident of retaliation occurred in the past 12 months:

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

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DOC 100.0002 Case Management Manual
4. WCI Facility Directive WCI 050.0001 Sexual Misconduct-Prohibited
5. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager

DOC.100.0002 Case Management Manual, indicates that Protective Custody is appropriate when required for the protection of the inmate. It goes on to say, “every effort shall be made by Case Management Staff, and the managing official, to find suitable alternatives to protective custody housing.” Suitable alternatives identified in the Case Management Manual include transfer of the inmate victim to another housing unit within the facility, a lateral transfer of the inmate victim to another facility of the same level, and transfer of the inmate’s documented enemy, or enemies, to another facility. Every Protective Custody placement is, by policy reviewed every 30 days.

Inmates housed in Protective Custody are allowed the same out-of-cell activity as in their regular housing unit, have the same access to Health Care and Case Management services, the same visiting opportunities, the same access to the Library and legal reference materials, the same access to programming, including religious programming, and to educational programming. Any limitations of access to any of these opportunities must, by policy, be documented, including the reasons for the limitations.

Facility Directive WCI.050.0030.1 says that inmates will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative to separate the inmate from likely abusers. It goes on to say that if an assessment cannot be immediately conducted, the victim may be held involuntarily for less than 24 hours while the assessment is completed. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. It also says that any restrictions must be documented and forwarded to the Facility PCM.

Per the PAQ and interview with the PCM, no inmates who allege to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months. necessary, an inmate victim might be moved to a single cell for protection, but would not be treated any differently than if he remained in General Population.

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

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.71(a) The PREA Audit Manual states, "When the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." Directive OPS.050.0001 and OPS.200.0005 states in part, "Investigating, Documenting, and Resolving a Complaint. 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 and inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to: (a) Collecting and preserving evidence; (b) Interviewing victims, witnesses, and suspected perpetrators; (c) Conducting and using polygraph examinations; (d) Identifying suspects; (e) Preserving an individual's personal dignity and legal rights; and (f) Maintaining confidentiality of the investigation." Directive IIU.110.0011 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." Reports may be in writing, verbal anonymous or from third parties. Verbal reports shall be documented promptly but not later than the end of the shift. Inmates and staff also have access to the PREA hotline that shall refer any reports back to the facility for investigation. Staff can dial the number privately and anonymously from any facility phone."

There were 15 allegations of sexual abuse/harassment reported by inmates in the past 12 months. A breakdown of those allegations is as follows:

Number of Allegations	Type	Finding
5	Inmate-on-Inmate Sexual Abuse	1- Unfounded 3- Unsubstantiated 1- Ongoing
5	Inmate-on- Inmate Sexual harassment	2-Unfounded 3- Unsubstantiated
3	Staff-on Inmate Sexual Abuse	1-Unfounded 1- Unsubstantiated 1-Substantiated
2	Staff-on-Inmate Sexual Harassment	2-Unfounded

The auditor chose 5 investigation files to review. The documentation demonstrates that the investigations were initiated shortly after an incident was reported. Investigation documents demonstrate that a thorough and objective investigation was conducted. This was verified via the supporting documents (i.e. investigation narrative, medical documentation, and witness statements) contained within the investigation files. Two investigative staff were interviewed. Investigators reported that investigations are typically initiated immediately. It was noted that more urgent matters (i.e. allegations requiring forensic exams) would take priority over other less urgent matters. Investigators reported that anonymous and third-party reports of sexual abuse and sexual harassment would be processed in the very same manner as any other report of sexual abuse and sexual harassment.

115.71(b) The PREA Audit Manual states, "In addition to the general training provided to all employees pursuant to 115.31, the Department shall ensure that, to the extent the Department itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings." Directive OPS.050.0001 and Directive OPS.200.0005 states in part, "To the extent possible, but in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations." Directive IIU.110.0011, section .03B states, "Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting." IID handles all allegations of sexual abuse and sexual harassment and has jurisdiction over both administrative and criminal investigations. Training records noted that all investigations completed by IID were completed by an investigator who had received specialized training. Investigators reported having received specialized training in the conduct of sexual abuse and sexual harassment investigations.

115.71(c) Directive OPS.050.0001 and Directive OPS.200.0005 states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective

investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department or agency procedures, or other reasonably accepted standards related to: (a) Collecting and preserving evidence; (b) Interviewing victims, witnesses, and suspected perpetrators; (c) Conducting and using polygraph examinations; (d) Identifying suspects; (e) Preserving an individual's personal dignity and legal rights; and (f) Maintaining confidentiality of the investigation." Directive IIU.110.0011 Investigating Sex Related Offenses section .05D addresses investigator responsibilities including interviews and the collection and preservation of evidence. Review of Investigation documents demonstrate that investigators do "gather and preserve direct and circumstantial evidence." Investigation documents contained such information as victim and witness interview statements, electronic case management information, physical evidence such as letters, and photographs. The facility did not report any cases where a forensic exam was conducted to collect DNA evidence. Per interviews the investigators stated they gather all evidence, witness statements, search the crime scene, develop reports and refer to the prosecutor for possible criminal charges.

115.71(d) The PREA Audit Manual states, "When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." Directive IIU.110.0011, section .05H(6) states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution." The IID investigator reported that they will consult with the local prosecutor before conducting compelled interviews. There were no investigation in the past 12 months that required compelled interviews.

115.71(e) Directive OPS.050.0001 and Directive OPS.200.0005 prohibits victims of alleged sexual misconduct or sexual conduct from being compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct. Directive IIU.110.001, section .05E states, "(1) 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. (2) 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." Review of investigation files did not indicate the use of a polygraph or other truth-telling device or examination. Additionally, credibility assessments appear to be appropriate given the information contained within the investigation report. Investigators were able to articulate the main ideals of the standard stating that credibility of an alleged victim, suspect, or witness is considered on an individual basis. Additionally, neither investigator indicated any circumstance when an inmate would be required to submit to a polygraph examination.

115.71(f) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution. Directive IIU.110.0011, section .05D(6) states, "Conduct post-incident investigative actions to complete a comprehensive investigation of the incident that intends to: (a) Identify the perpetrator; (b) Determine if employee action or lack of action contributed to the occurrence; and (c) Collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings" with regard to 115.71(f)1. Additionally, Section .05D(7) states, "Document all aspects of the investigation in a comprehensive investigative report that: (a) Thoroughly

describes, physical, testimonial, and documentary evidence; (b) Explains the reasoning behind credibility assessments; (c) Includes facts and findings; and (d) When appropriate, has related documents attached; and (e) Is maintained according to an established retention schedule, which requires that the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years.” Per review, the investigations are documented in written reports that include a description of the physical and testimonial evidence, investigative facts and findings, the rationale behind credibility assessments and efforts to determine if staff negligence contributed to the abuse.

115.71(g) Directive OPS.050.0001 and Directive OPS.200.0005 requires agency investigators to thoroughly document all aspects of the investigation in a written report to best support subsequent administrative action and, if appropriate, referral for criminal prosecution. Directive IIU.110.0011, section .05D(6) states, “Conduct post-incident investigative actions to complete a comprehensive investigation of the incident that intends to: (a) Identify the perpetrator; (b) Determine if employee action or lack of action contributed to the occurrence; and (c) Collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings” with regard to 115.71(g). Additionally, Section .05D(7) states, “Document all aspects of the investigation in a comprehensive investigative report that: (a) Thoroughly describes, physical, testimonial, and documentary evidence; (b) Explains the reasoning behind credibility assessments; (c) Includes facts and findings; and (d) When appropriate, has related documents attached; and (e) Is maintained according to an established retention schedule, which requires that the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department plus five years.” All criminal investigations are conducted by IID. IID is the investigative body, within the agency, with the authority to conduct criminal investigations. As a result, all criminal investigations are documented in accordance with the standard. A review of the investigation reports completed by IID noted complete descriptions of any physical evidence (when applicable) as well as testimonial evidence relied upon when making a final determination as to the merits of the investigation. The IID investigator reported that all aspects of an allegation are documented in the investigation report. Investigation reports include a description of all evidence gathered in the conduct of the investigation.

115.71(h) Directive OPS.050.0001 and Directive OPS.200.0005 states, “Thoroughly document all aspects of the investigation in a written report so as to best support subsequent administrative action and, if appropriate, referral for criminal prosecution.” Directive IIU.110.0011, section .05H(6) states, “If appropriate, work with the prosecutor to develop the case for criminal prosecution.” Five closed investigations were reviewed. One investigation was noted as having been referred for prosecution. During interviews with investigative staff it was reported that investigations containing sufficient evidence to merit prosecution are referred to the office of the state’s attorney for prosecution.

115.71(i) Directive OPS.050.0001 and Executive Directive OPS.200.0005 requires the report of investigation to be filed and maintained in accordance with an established retention schedule. The agency retention schedule requires the report of investigation to be held for as long as the alleged perpetrator is incarcerated or employed by the DPSCS, plus an additional five years.

115.71(j) Directive OPS.050.0001 and Directive OPS.200.0005 sets the requirement for the continuation of an investigation. Per policy, the departure of an employee or inmate alleged to

have committed sexual misconduct is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Also, the departure of the victim of sexual misconduct from the the Department is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Investigator interviews indicate that, once initiated, investigations will proceed until completion.

115.71(l) The Agency conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

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

115.72 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
5. Investigation files
6. Interviews with:
 - a. Warden
 - b. IID Investigator

Directive IIU.110.0011, section .05H(2) states, in part, "Upon concluding an investigation involving an inmate as a victim of a sex related offense, the investigative detective shall make their determination regarding substantiating the allegation based upon a preponderance of the evidence." A review of the investigation documents indicates 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. Per interviews with investigative staff they said that preponderance of evidence is the standard of evidence necessary to substantiate an allegation of sexual abuse or sexual harassment.

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

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
4. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
5. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
6. Interviews with:
 - a. Warden
 - b. PCM
 - c. IID Investigator

115.73(a) Agency policy, IIU.100.0011 Investigating Sex Related Offenses, stipulates that at the conclusion of an investigation involving an inmate as a victim of a sex related offense, the investigator is responsible for advising the inmate victim of the final outcome of the investigation, specifically whether it has been determined to be substantiated, unsubstantiated, or unfounded. There were seven criminal and/or administrative investigations of alleged inmate sexual abuse completed by the facility in the past 12 months, and for each investigation the victim was notified. The investigation file documents the notification.

115.73(b) The agency conducts its own criminal as well as administrative investigations into cases of sexual abuse and sexual harassment. Therefore, this provision is not applicable.

115.73(c) Directive IIU.110.0011, requires that if an investigated incident involved an employee committing a sex related offense on an inmate and the incident was substantiated or unsubstantiated, the Investigator will arrange for the inmate to be advised when the employee is no longer assigned to the inmate's housing unit, when the employee is no longer employed at the inmate's facility, when, if known, that the employee was indicted or charged with a sex related offense occurring at the facility, or if known, that the employee was convicted of a charge related to a sex related offense occurring at the facility. There were no substantiated staff on inmate sexual abuse allegations in the past 12 months.

115.73(d) Directive IIU.110.001, requires that if an investigated incident involved an inmate committing a sex related offense on another inmate, the investigator will arrange for the victim inmate to be advised, if known, that the perpetrator was indicted on a charge related to a sex related offense occurring at the facility and, if known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility. There were no substantiated inmate on inmate sexual abuse allegations in the past 12 months.

115.73(e) Directive IIU.110.001, requires that all notifications to inmates described under this standard be documented and that the documentation include the name of the individual who notified the victim, the date, time and location that the victim was notified, and how the victim

was notified. The facility indicates that notification was made to the alleged victim of the sexual abuse investigation during the audit cycle. Interviews conducted with Investigative staff and the Warden indicated that both were aware of the agency requirement for notifications to be made by Investigative staff. The IID Investigator who was interviewed said, "we notify both the PREA Compliance Manager and the victim."

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

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
5. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. IID Investigator

Executive Directive OSPA.050.0001 indicates, that an employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee, 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. It goes on to say that an employee determined to have committed sexual misconduct in is violation of Department Standards of Conduct and is subject to a penalty up to and including termination, criminal prosecution and, if applicable, notification of a relevant licensing authority. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months there have been one substantiated allegations of staff sexual misconduct. The employee was terminated but did not require or actions that would have caused reporting to relevant licensing bodies. Per interview with the warden, employees are disciplined based on the outcome of sexual misconduct investigation by IID. The facility would use progressive discipline 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.

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

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive IIU.110.0011 Investigating Sex Related Offenses
5. Volunteer Orientation Manual
6. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. IID Investigator

OPS.050.0001 indicates, that a contractor determined to have committed sexual misconduct is considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency and is subject to sanctions according to provisions of the contract or agreement; subject to criminal prosecution; and If applicable, notification of a relevant licensing authority. In addition OPS.200.0005 says employee means 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. The Volunteer Orientation Manual states, "The Department has a ZERO tolerance policy regarding sexual misconduct. Any form of sexual conduct, consensual or otherwise, is prohibited in a correctional facility. This includes offender on offender, as well as staff (including volunteers) on offender contact, coercion or sexual violence. A volunteer accused of sexual misconduct shall be prohibited from contact with offenders until an investigation is conducted. If the accusation is substantiated the individual's volunteer status shall be terminated and the individual shall be subject to criminal prosecution if the behavior is deemed to be criminal in nature."

In the past 12 months there have been no allegations made or substantiated against contractors or volunteers. Per interview with the Warden, any allegation against a contractor or volunteer would result in prohibiting that individual from entering the facility during the investigation. If substantiated the individual would be terminated and subject to criminal prosecution and reported to relevant licensing bodies.

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

115.78 Disciplinary sanctions for inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive OPS.200.005 Inmate on Inmate Sexual Conduct-Prohibited
5. COMAR 12.03.01
6. WCI Facility Directive WCI.050.001 Sexual Misconduct-Prohibited
7. Interviews with:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Shift Commander

115.78(a) OPS.200.0005 states, "An inmate may not commit, participate in, support, or otherwise condone sexual conduct." It also says an inmate determined to have committed sexual conduct is subject to a penalty established under Inmate Disciplinary Process and If applicable, criminal prosecution. Per the PAQ, there have been no substantiated inmate on inmate sexual abuse allegations in the past 12 months.

115.78(b) & (c) Comar 12.03.01 addresses the requirement of this provision. The hearing officer before imposing a sanction would consider mitigating factor such as the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories and the inmate's mental health status at the time the rule violation occurred.

115.78(d) OPS.200.005 says, An inmate determined to have committed sexual conduct 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, counseling, or other intervention as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the Inmate Disciplinary Process.

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."

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."

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 non-coercive sexual activity between inmates to be sexual abuse.

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

provisions of this standard.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
4. DPSCS Executive Directive OPS.200.006 Assessment for Risk of Sexual Victimization and Abusiveness
5. WCI Facility Directive WCI.050.001 Sexual Misconduct-Prohibited
6. PREA Intake Screening forms
7. Informed Consent forms
8. PREA Follow-up log
9. Interviews with:
 - a. PREA Compliance Manager
 - b. Medical staff
 - c. Intake staff
 - d. Inmates that reported victimization

115.78 (a) OPS.050.0006 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. WCI.050.0030.1 indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a copy of the intake screening be immediately sent to the social work department. The PAQ indicated that 100% of inmates that reported prior sexual victimization were offered a follow-up meeting with a mental health provider. The facility provide a PREA follow-up log showing inmates that need a follow-up meeting, date of screening, date of referral, and date meeting was completed. It showed that the inmates meet with a mental health practitioner within 14 day of the initial screening. The auditor also randomly reviewed inmate files and found that referrals were not consistently made to a mental health practitioner.

115.78(b) WCI.050.0030.1 indicates that if an inmate is identified as a prior sexual abuse victim or abuser and requests a follow-up meeting a copy of the intake screening be immediately sent to the social work department. Interviews with staff who perform screening for risk of victimization said they do refer all inmates who have experienced prior sexual victimization or were an abuser. The PAQ indicated that 100% of inmates who previously perpetrated sexual abuse, as indicated during the initial screening were offered a follow-up meeting with a mental health provider. The facility provide a PREA follow-up log showing inmates that need a follow-up meeting, date of screening, date of referral, and date meeting was completed. It showed that the inmates were all referred within 14 days of the screening. The auditor also randomly reviewed inmate files and found that referrals were not consistently made to a mental health practitioner.

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 interview with the PCM, she indicated the specific detail related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited, Staff have access to the identification of victims and abusers as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments. Interviews with Record Office staff, revealed that inmate files are not kept in the housing unit but are kept in the Record Office. This helps protect the confidentiality of information and helps ensure that any information related to sexual victimization or abusiveness that occurred in an institutional setting is kept confidential and that access is strictly limited.

115.81(e) Policy P-314 Procedure in the Event of Sexual Assault. Section II B of that policy says that, “staff medical and mental health practitioners must obtain informed consent from an inmate who reports abuse or shows sign of having been abused before reporting that knowledge or suspicion up the chain of command. In addition, interviews with both medical and mental health staff verified that staff do obtain informed consent from prisoners before reporting any knowledge or suspicion of sexual abuse.

Recommended Corrective Action Plan: Train staff on the proper procedure for completing the screening and the referral process. For a period of 60 days monitor for compliance and provide the auditor documentation of screening and referral forms verifying compliance.

Verification of Corrective Action since the on-site Audit: The Auditor was provided supplemental documentation during the corrective action period to evidence and demonstrate corrective action taken by WCI regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Training plan and documentation
2. Email from PCM dated April 6, 2020.
3. Copies of completed screening forms and referrals forms

The PCM provided training to traffic officers on all shift on the procedures for completing the PREA Intake Screening form and the PREA Follow-up form. The facility also implemented a process to have the Case Manager Supervisor receive and review the completed screening forms for accuracy. The facility provided copies of all PREA screens that warranted an offer for a mental health referral for a 60 day period. The PCM sent an email confirming that as a result of the training and revised process the screening forms and referrals are now being completed correctly. This Standard is now compliant.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. DPSCS Executive Directive OPS.050.0001 Sexual Misconduct-Prohibited.
4. DPSCS Executive Directive OPS.200.005 Assessment for Risk of Sexual Victimization and Abusiveness
5. DPSCS Clinical Services and Inmate Health Medical Evaluation Operations Manual
6. Contract Provider P314 Procedures in Event of Sexual Assault
7. Interviews with:
 - a. PCM
 - b. Medical staff
 - c. Mental Health staff

115.82(a) OPS.050.0001 holds supervisors, managers, and shift commanders responsible for ensuring the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes referral for medical and mental health care follow up and non-medical or mental health related counseling services. The DPSCS Medical Evaluation Manual states, "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. DPSCS medical vendors will not participate in or conduct a forensic examination. All specimen collection for forensic examinations will be done after the patient is transferred to an approved off site medical facility for assessment by an independent provider or nurse who conducts forensic examinations. All notifications must be documented in the victim's medical records. 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 detainees/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 Director of Nursing verified that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. She also said that once the report is received, the inmate would be seen immediately. She also verified that the nature and scope of the treatment and crisis intervention services are determined by the professional judgment of the medical and mental health treatment staff. An interview with a mental health case worker verified that mental health also meets with an inmate, within 24 hours of an alleged incident of sexual abuse to offer supportive counseling.

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. Maryland DPSCS Office of Clinical

Services and Inmate Health Medical Evaluations Operations Manual, says that, “in the event there is no clinician on duty, the nurse will contact the on call clinician to make a determination regarding the need for offsite transport for forensic evaluation and to notify the local ER of the allegations of sexual assault.” Interviews with random staff confirm they were aware of the first responder duties. All stated they would separate the victim from the abuser, keep victim safe and contact medical.

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

115.52(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 Health Care staff also verified that the services would be provided to prisoners at no cost.

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.83(a) DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault on an Inmate 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.” P-134 also provides procedures to follow in event of sexual abuse. In an interview, the Director of Nursing said, “we first ensure the victim is stable and then follow treatment plans per the physician or local hospital. A staff psychologist said, We meet with all victims within 24 hours and offer supportive counseling If its something they reported during intake it would be that following a report, an inmate will be brought to medical for an examination to address any immediate medical needs. They would then be referred to us and we would tell them what services are offered and let them decide which ones they want to take of advantage of and when.

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

115.83(c) Per interview with the Director of Nursing she said the level of care provided is that least equal and in some cases better then community level of care. PREA cases are a priority and inmates will be seen immediately without having to wait for an appointment.

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

115.83(f) Per Chapter 13, Section F of the Manual, All follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. Per Section M of the Manual, The patient and alleged abuser shall be offered follow-up STI testing within 60-90

days of initial testing to include HIV, HCV, and syphilis serology.

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

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

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

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

1. WCI Completed Pre-Audit Questionnaire (PAQ)
2. DPSCS PREA Audit Manual
3. WCI Facility Directive WCI.050.0030.1 Sexual Misconduct-Prohibited
4. DPSCS Executive Directive OSPS.020.0027 PREA Investigations Tracking and Review
5. Incident Reviews
6. Interviews with:
 - a. Warden
 - b. PCM

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. In the past 12 months, there were four investigations of alleged sexual abuse completed with a finding of unsubstantiated and/or substantiated. A sexual abuse incident review was completed for each investigation. The reviews were thorough, followed the requirements of this standard and were ordinarily completed within 30 days of the completion of the audit.

115.86(d) OSP.S020.0027 requires that the team consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or other group dynamics at the facility, that the team examine the location where the incident allegedly occurred to determine if there are physical plan issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing in these areas. The team is required to prepare a report of findings for the managing official and Facility PCM that identifies problem areas, necessary corrective action, and recommendation for improvement.

115.86(e) OSP.S020.0027 requires the managing official shall work with the facility's PREA Compliance Manager to implement the facility incident review team's recommendations for improvement from the review team; or if a recommendation is not implemented, document the reason for not adopting the recommendation. Per review of the completed incident reviews, there was one recommendations made to add a camera in the kitchen storage room.

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

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

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, which outlines exactly what information is to be collected and reported on. The document identifies detailed information that must be collected regarding victims' information, perpetrator information, staff perpetrator information, medical and mental health information, and information from investigations that were conducted.

115.87(b) OSPS.002.0027 indicates that the Agency PREA Coordinator is responsible for aggregating the incident-based sexual abuse data annually. The PREA Coordinator, said, in an interview, that 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 his report. The report is based on the Fiscal Year.

115.87(c) The Facility provided a copy of their most recent SSV-2 report that demonstrated that the data collected by the Facility is at least sufficient to answer all questions on the survey conducted by the Department of Justice, the Survey of Sexual Violence.

115.87(d) Directive OSPS.020.0027 also holds the Agency 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 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.

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 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 contracts with “Threshold, Inc.” for its pre-release services. The agency does aggregate incident-based sexual abuse data for “Threshold, Inc.” at least annually. The annual reports dating back to 2013 contained aggregated data for “Threshold, Inc.” These annual reports are published online and can be found on the agency 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 PREA Coordinator provided a copy of the most recent SSV-2 which demonstrates that the information is submitted to the Department of Justice timely.

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

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

115.88(a-d) Section .05 C of OSPS.020.0027 addresses the requirement of this standard. The Directive indicates the 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; Assesses the Department's progress in addressing sexual abuse; and is approved by the Secretary and made available to the public through the Department's public and redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication.

Per an interview with the PREA Coordinator, he said data is collected, on all cases, by IID, every year, and forwarded to him. He aggregates the data and compare 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. When the Secretary signs it, it gets published on the web site. He also said that he doesn't typically include information that needs to be redacted. The auditor reviewed the website and verified the 2018 annual report was signed by the Secretary and published. A review of the reported indicated a comparison of 2017 and 2018 data. The report is well written and addresses the requirement of this standard.

Based on a review of policy, website, annual report, interview and analysis, the facility demonstrated compliance with all provisions of this standard.

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Reviewed (documents, interviews, site review):

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

Section C of OSPS.020.0027 addresses the requirements of this standard. The directive indicates the PREA 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.

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 presents a clear and specific threat to the safety and security of a correctional facility or personal identifiers in the report so he does not have to redact anything. He also indicated the data is securely maintained for at least 10 years in a computerized system and only authorized personnel has access. The auditor reviewed the agency website and verified the 2018 annual report was published. A review of the report indicated there were no personal identifiers.

Based on the review of policy, website, annual report, interview and analysis, the facility demonstrated compliance with all provisions of this standard.

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

Executive Directive DPSCS.020.0026 PREA Federal Standards Compliance was reviewed and meets the requirement of this standard. The directive requires the PREA Coordinator to ensure that Department PREA-related activities comply with federal PREA standards in the following areas, ... Audits; and Auditing and corrective action. This was the third PREA audit of the North Branch Correctional Institution. This the first year of third audit cycle for the Agency. The Agency oversees 24 facilities and the agency website had PREA audit reports posted for all facilities during the past audit cycle.

The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements. The auditor was given access to and an opportunity to tour and visit all areas of the facility. The auditor was provided with an office that ensured privacy in conducting interviews with inmates and staff during the site visit. Notice of PREA audit was posted on January 6, 2020 and taken down on February 11, 2020. Interviews with inmates stated they have seen posting. No inmates contacted the auditor prior to the audit.

Based on the above, the facility has demonstrated substantial compliance with all provisions of this Standard.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

Per DPSCS directives and standard requirements, DPSCS ensures that all final report will be published on their websites to be available to the public. A review of the agency website noted final PREA Audits Reports posted for all 24 of the facilities it oversees. The most recent audit report appearing on the website was completed on December 19, 2019 and within 90 days of this audit.

Based on the above, the facility has demonstrated substantial compliance with this Standard.

Appendix: Provision Findings

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.14 (b)	Youthful inmates	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
		In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
		Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
		Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
		Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
		Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.17 (a) Hiring and promotion decisions

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

115.17 (b) Hiring and promotion decisions

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

yes

Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?

yes

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

115.17 (h) Hiring and promotion decisions

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

yes

115.18 (a) Upgrades to facilities and technologies

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

no

115.18 (b) Upgrades to facilities and technologies

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

yes

115.21 (a) Evidence protocol and forensic medical examinations

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

yes

115.21 (b) Evidence protocol and forensic medical examinations

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

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

115.21 (c) Evidence protocol and forensic medical examinations

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

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

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

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

115.21 (d) Evidence protocol and forensic medical examinations

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

If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) na

Has the agency documented its efforts to secure services from rape crisis centers? yes

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

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

If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) na

115.31 (a) Employee training

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

yes

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

yes

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

yes

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

yes

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

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

na

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

Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d) **Screening for risk of victimization and abusiveness**

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

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

115.42 (a) Use of screening information

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

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

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

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

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

115.42 (b) Use of screening information

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

115.42 (c) Use of screening information

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

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

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

115.43 (a) Protective Custody

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

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

115.43 (b) Protective Custody

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

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

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

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

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) yes

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) yes

115.43 (c)	Protective Custody	<p>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</p> <p>Does such an assignment not ordinarily exceed a period of 30 days? yes</p>
115.43 (d)	Protective Custody	<p>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</p> <p>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</p>
115.43 (e)	Protective Custody	<p>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</p>
115.51 (a)	Inmate reporting	<p>Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? yes</p> <p>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</p> <p>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</p>

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

115.52 (b) Exhaustion of administrative remedies

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

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

115.52 (c) Exhaustion of administrative remedies

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

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

115.52 (d) Exhaustion of administrative remedies

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

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

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

115.52 (e) Exhaustion of administrative remedies

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

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

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

115.52 (f) Exhaustion of administrative remedies

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

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

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

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

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

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

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

115.52 (g) Exhaustion of administrative remedies

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

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

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

115.62 (a) Agency protection duties

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

115.63 (a) Reporting to other confinement facilities

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

115.63 (b) Reporting to other confinement facilities

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

115.63 (c) Reporting to other confinement facilities

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

115.63 (d) Reporting to other confinement facilities

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

115.64 (a) Staff first responder duties

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

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

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

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

115.64 (b) Staff first responder duties

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

115.65 (a) Coordinated response

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

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

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

115.67 (a) Agency protection against retaliation

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

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

115.67 (b) Agency protection against retaliation

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

115.67 (c) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

115.67 (d) Agency protection against retaliation

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

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

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

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

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

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

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

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

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

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

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

115.86 (a) Sexual abuse incident reviews

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

115.86 (b) Sexual abuse incident reviews

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

115.86 (c) Sexual abuse incident reviews

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

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

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

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

115.401 (b) Frequency and scope of audits

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

yes

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

na

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

na

115.401 (h) Frequency and scope of audits

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

yes

115.401 (i) Frequency and scope of audits

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

yes

115.401 (m) Frequency and scope of audits

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

yes

115.401 (n) Frequency and scope of audits

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

yes

115.403 (f) Audit contents and findings

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

yes