

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report December 19, 2019

### Auditor Information

Name: Barbra A. Storey

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Company Name: Michigan Department of Corrections

Mailing Address: 5086 West M-80

City, State, Zip: Kincheloe, Michigan 49788

Telephone: 906-495-5045 x. 1112170223

Date of Facility Visit: April 10, 2019

### Agency Information

Name of Agency:

Maryland Public Safety and Correctional Services

Governing Authority or Parent Agency (If Applicable):

State of Maryland

Physical Address: 300 East Joppa Road

City, State, Zip: Towson, Maryland 21286

Mailing Address: same as above

City, State, Zip: same as above

Telephone: 410-339-5000

Is Agency accredited by any organization? ☐ Yes ☒ No

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency mission: The Department of Public Safety and Correctional Services protects the public, its employees, and detainees and offenders under its supervision.

Agency Website with PREA Information: <http://dpscs.maryland.gov/prea/index.shtml>

### Agency Chief Executive Officer

Name: Robert L. Green

Title: Secretary

Email: Robert.green@maryland.gov

Telephone: 410-339-5005

### Agency-Wide PREA Coordinator

Name: David Wolinski

Title: Agency PREA Coordinator

Email: dave.wolinski@maryland.gov

Telephone: 410-339-5033

<b>PREA Coordinator Reports to:</b>  Secretary, Robert L. Green		<b>Number of Compliance Managers who report to the PREA Coordinator</b> 23	
<b>Facility Information</b>			
<b>Name of Facility:</b> Youth Detention Center (YDC)			
<b>Physical Address:</b> 926 Greenmount Avenue, Baltimore, Maryland 21202			
<b>Mailing Address (if different than above):</b> same as above			
<b>Telephone Number:</b> 410-230-1452			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> To protect the public, its employees, and detainees and offenders under its supervision.			
<b>Facility Website with PREA Information:</b> <a href="http://dpscs.maryland.gov/prea/index.shtml">http://dpscs.maryland.gov/prea/index.shtml</a>			
<b>Warden/Superintendent</b>			
<b>Name:</b> Dehavilland Whitaker		<b>Title:</b> Facility Administrator	
<b>Email:</b> dehavilland.whitaker@maryland.gov		<b>Telephone:</b> 410-234-1816	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Tamiko Smith-Summers		<b>Title:</b> Correctional Lieutenant	
<b>Email:</b> Tamiko.summers@maryland.gov		<b>Telephone:</b> 410-234-1819	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Travis Scott		<b>Title:</b> Health Service Administrator	
<b>Email:</b> travis.scott@Corizonhealth.com		<b>Telephone:</b> 410-234-1800	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 50		<b>Current Population of Facility:</b> 44	
<b>Number of inmates admitted to facility during the past 12 months</b>			50
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			50
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			47

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		N/A	
Age Range of Population:	Youthful Inmates Under 18: 14-17	Adults: N/A	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		47	
Average length of stay or time under supervision:		1 year	
Facility security level/inmate custody levels:		Max/pre-trial	
Number of staff currently employed by the facility who may have contact with inmates:		145	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		145	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		4	
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 5	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):  There is a Vicon Camera System which has coverage in every area of the facility with the exception of the cells/rooms and the bathroom facilities; due to being built within the past year and a half, cameras were put into place in accordance with PREA requirements. The monitors for viewing the video are in the Facility Administrator's office and in the Control rooms. The retention period is 45 days.			
<b>Medical</b>			
Type of Medical Facility:		Medical evaluation unit	
Forensic sexual assault medical exams are conducted at:		Mercy Medical Center (MMC)	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		6	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		30	

# Audit Findings

## Audit Narrative

A Prison Rape Elimination Act (PREA) Audit of the Youth Detention Center (YDC) was conducted Wednesday, April 10, 2019 and Thursday, April 11, 2019 to determine compliance with the Prison Rape Elimination Act standards. The PREA Auditors and support staff consisted of Barbra Storey, Lead auditor, Christine Wakefield, James Schiebner and Kris Steece.

The Youth Detention Center (YDC) was well prepared and displayed professionalism throughout the institution. The facility PREA Compliance Manager, Tamiko Smith-Summers, worked very diligently during the facility visit in order to present requested documentation and ensure that auditors were escorted to all areas of the institution in a timely and efficient manner. During the tour, all staff were professional and willing to accommodate the auditors' requests and needs with regard to completing the on-site portion of the audit. Overall the audit process went very smoothly and efficiently, due to the hard work and dedication of Lieutenant Smith-Summers and the facility audit team.

### **Pre-Audit Process**

The audit began in late February with the delivery of the agency and facility documentation via electronic mail, and the required Pre-Audit Questionnaire from the facility. The standards were divided amongst the auditors with each reviewing the documentation for their assigned standards and using the auditor tool as a guide. Six weeks prior to the on-site visit, the facility was provided with *Audit Notices*, in both English and Spanish, which included auditor contact information, for posting throughout the facility for inmates to write the audit team. No letters were received prior to the visit of YDC.

### **Entrance Interview Wednesday, April 10, 2019:**

The on-site facility audit and tour began at YDC on Wednesday, April 10, 2019. There was a facility greeting from Facility Administrator Dehavilland Whitaker and PREA Compliance Manager, Lt. Tamiko Smith-Summers. There was an introduction of the PREA audit team, along with an audit overview, explaining the purpose and outline of the audit process, as well as the expectations and requirements necessary for a successful audit. The audit plan for the on-site phase of the audit was explained prior to the conclusion of the Entrance Meeting and the facility tour followed.

### **Facility Tour**

After the Entrance Meeting, the audit team was given a tour of all areas of the facility by FA Whitaker, as well as Lt. Smith-Summers; including the Administration offices, visitation area, food service, dining facilities, all housing units, education, library, control rooms, medical, mental health, recreation areas and gymnasium. The *Audit Notices* were posted throughout the facility, in common areas and in each housing unit on bulletin boards and in areas that staff and inmates could clearly see.

During the tour, 10 informal interviews were conducted with inmates in various areas and 10 informal interviews were conducted with correctional staff throughout the entire facility. It was evident throughout the tour that staff and inmates were very well aware of the Prison Rape Elimination Act and the various available reporting processes that accompany it. All inmates who were spoken with had an obvious understanding of PREA, expressed feeling safe at YDC and also knew that they or a representative could report an incident if necessary.

The inmates interviewed indicated they had received PREA educational material and watched a video; they were aware of the information on the PREA posters that were well posted throughout the facility. All inmates felt they had enough privacy to change and shower without being viewed by the opposite gender and also indicated that female staff announce "female entering" when entering the housing units. In the female housing unit, there are no male staff who enter the housing unit, unless there is a maintenance or other similar need, in which case, they would enter during times when no inmates were in the housing unit, such as during school hours.

All of the areas visited were very well staffed. Staff was busy making rounds and clearly present, monitoring key areas of the facility. Doors were locked and off-limits areas were well posted and maintained. No areas observed presented any sexual safety or security concerns. PREA information throughout the facility was clearly posted in both English and Spanish. Posters listed the steps that could be taken to report sexual abuse or sexual harassment incidents, provided contact information for the inmates to report these incidents and also cited Maryland DPSCS zero tolerance policy related to sexual abuse and sexual harassment. The PREA hotline number was also posted in several areas for inmates to view. The PREA hotline number was operational upon testing.

All staff interviewed during the tour was knowledgeable about PREA and the agency's zero tolerance policy. They knew how to appropriately respond to a sexual assault and their mandatory requirement to report all allegations, notifications or suspicions of abuse or harassment. All staff indicated they had been trained on PREA, which included cross-gender/transgender pat searches. Staff was able to site specific steps that needed to be taken in the event they were first responders to a sexual abuse incident. All staff responded that they absolutely could not strip search a prisoner to verify sexual identification.

In the Housing Units all cells were single occupancy and had a toilet with no direct view into the cells; however, a posting approved by the Facility Administrator allows the inmates to cover their cell window when they are dressing and using the toilet if desired. All showers had partial doors which allowed privacy without security concerns. During the tour it was evident that cameras are placed in the housing units for enhanced coverage and security rounds are being conducted as indicated by log book documentation. Auditors observed that strip searches were conducted for visits in a room with 4 walls which allowed for inmate privacy and gave no concern that cross gender or inappropriate viewing could occur. Log books were reviewed in each of the areas visited and showed evidence of unannounced supervisory rounds being conducted on all three shifts. Staff and inmates both stated they were not made aware in advance when supervisors were making rounds and the rounds are conducted at different times each day. It was also evident that female staff were announcing their presence upon entering the housing unit, giving sufficient notice to inmates that a female was entering the housing area.

### **Formal Interview Process**

At the Entrance Meeting, the PREA Compliance Manager made audit materials available which included a complete list of all inmates housed at YDC as well as staffing lists, including corrections staff assigned to each shift. The random inmates and staff who were interviewed were selected by reviewing the facility inmate roster and staffing roster for that day. They were then chosen by ensuring that each area of the facility was represented by both inmates housed and staff working in those areas and from various ethnicities, when possible. YDC staff helped to direct auditors to inmates who may be more vulnerable due to being a younger age and the only female. Conducting the interviews in this manner ensured that the auditors were able to gather sufficient information from the facility to help

make a definitive determination of each standard. During the formal interview phase of the audit, the auditors randomly selected and spoke with a combined total of 12 inmates.

YDC did not have any youth inmates who would be designated as a specialized inmate for interviews related to Disabled and Limited English Proficient Inmates, LGBTI, Inmates Who Reported Sexual Abuse or Inmates Who Disclosed Sexual Victimization During Risk Assessment Screening; therefore, these interviews were not able to be conducted. YDC is all youthful inmates in a general population setting and auditors selected various inmates by age and gender to ensure that the best determination of standard compliance could be made with regard to inmate interviews. A total of 25 staff were formally interviewed, including 6 random staff members, as well as specialized interviews including at least 1 staff person for each of the specialized interview categories: Warden (1), Facility PREA Manager (1), Agency Contract Administrator (1), Intermediate or Higher Level Facility Staff (3), Medical and Mental Health Staff (2), Human Resources Staff (1), SANE/SAFE Staff (1), Volunteers and Contractors (1), Investigative Staff (1), Staff Who Screen for Risk of Victimization and Abusiveness (1), Incident Review Team (2), Designated Staff Member Charged with Monitoring Retaliation (1) and Security Staff Who Have Acted As First Responders (3). Both inmates and staff were asked specific PREA questions, derived from the PRC interview templates. Everyone interviewed participated willingly and appeared to have a good understanding of the PREA standards, or rights provided by them. As stated above, staff was very knowledgeable with PREA and inmates expressed that they are well informed with regard to PREA and how to report if necessary. Inmates shared that not only during the intake process are they being asked questions related to their PREA and their sexual safety, but they are also interviewed for a reassessment and there are postings up throughout the facility with information regarding PREA which included the PREA Hotline number. In addition, A telephone interview was conducted with the supervisor in charge of the SANE/SAFE Program at Mercy Medical Center, who indicated that any inmates who were brought in for forensic examination would be treated.

### **Off-Site Formal Agency Interviews**

An interview at the agency's Internal Investigative Division (IID) was conducted in order to review the investigations of the reported allegations of sexual abuse and sexual harassment. Investigative detectives who are sworn peace officers staff the IID. Because they are peace officers, the IID detectives conduct both criminal and administrative investigations on behalf of the agency. Formal Interviews were conducted, and staff indicated, among other things, that they had received appropriate training regarding investigating sexual abuse and sexual harassment, articulated Miranda, Garrity, and Preponderance of the Evidence sufficiently, and covered in detail the process of conducting investigations of sexual abuse and sexual harassment. The agency and YDC indicated there have been no allegations of sexual abuse or sexual harassment since the facility opened in June 2017; therefore, there were no investigations for review.

An interview was conducted with Ms. Samantha Barrett, Special Assistant to Agency Head/Deputy Secretary, John Michael Zeigler. During the interview with Ms. Barrett, it was evident that the agency head is well aware of the agency's efforts toward zero tolerance of sexual abuse and sexual harassment. Ms. Barrett was able to articulate the agency's efforts to mitigate sexual abuse and harassment through its use of technology and the open layout of its facilities. She discussed in detail the efforts of the agency's IID to conduct thorough and comprehensive investigations of sexual abuse and sexual harassment allegations, the agency's most recently constructed facility, and the process in which the agency conducts reviews of cases in order to determine if there are trends that need to be addressed across the agency.

In addition, an interview was conducted with the Head Human Resource Officer. During the interview, the agency's stance regarding hiring well-qualified staff, as well as, the agency's process for screening applicants was articulated as all employee hiring and promotional information is maintained at the agency Human Resource office. A random review of 25 current employee personnel files was conducted in order to verify criminal background checks are being conducted prior to employing staff, and the agency affirmatively asks applicants about sexual abuse and sexual harassment during their application process. The agency maintains documentation verifying this in each employee's personnel file.

### **Exit Interview**

When the audit was completed, the audit team conducted an exit briefing on Thursday, April 11, 2019. The audit team gave an overview of the entire audit process and thanked Facility Administrator Whitaker and Lt. Smith-Summers for all their hard work and commitment in keeping the youth population safe and maintaining the facility with the requirements of the Prison Rape Elimination Act in mind.

### **Post Audit Process**

Auditors maintained contact with YDC audit staff, as well as the Agency's PREA Coordinator, in order to request further documentation and address additional concerns. Staff was extremely accommodating and provided auditors with all necessary documentation and addressed further questions in a timely manner in an effort to support compliant findings with PREA standards.

## **Facility Characteristics**

The Youth Detention Center (YDC) is a correctional facility which is located in Baltimore, Maryland. YDC is a medium security facility which houses youth inmates only who have been charged as adults, ranging in age from 14 years old to 17 years old. The Youth Detention Center is a state-of-the-art facility which was built with consideration of the requirements of PREA and opened for operation in June 2017. YDC is a three-level building. The first-floor level consists of the Administration Suite, multi-purpose room, attorney and visiting booths, Main Control Center, Supervisor offices, muster room, female housing pod, dining room, and kitchen, medical suite (infirmary and isolation rooms), group assessment room, traffic office and intake area. The second floor consists of four male housing pods, Case Management and Public Defenders offices, the school and media center. The third floor is the gymnasium and the barbershop. The facility's maximum capacity is 60 offenders- 50 male and 10 females. There are five housing pods (A-F) and each pod has activity spaces, shower stalls, an outdoor recreation space, and a laundry area.

The youthful offenders are housed at YDC until they reach the age of 18 years old. While at YDC, the youth offenders attend school on the second floor through Eager Street Academy which follows the same curriculum as Baltimore Public Schools.

YDC Staff are committed to protecting the rights and serving the best interests of the youth offenders, as well as their families, parents and the community. In addition, staff provide quality treatment, supervision, and rehabilitation while assisting the youth in becoming productive and law-abiding adults.

## Summary of Audit Findings

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 45

115.11, Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator  
115.12, Contracting with other entities for the confinement of inmates  
115.13, Supervision and monitoring  
115.14, Youthful inmates  
115.15, Limits to cross-gender viewing and searches  
115.16, Inmates with disabilities and inmates who are limited English proficient  
115.17, Hiring and promotion decisions  
115.18, Upgrades to facilities and technologies  
115.21, Evidence protocol and forensic medical examinations  
115.22, Policies to ensure referrals of allegations for investigations  
115.31, Employee training  
115.32, Volunteer and contractor training  
115.33, Inmate education  
115.34, Specialized training: Investigations  
115.35, Specialized training: Medical and mental health care  
115.41, Screening for risk of victimization and abusiveness  
115.42, Use of screening information  
115.43, Protective Custody  
115.51, Resident reporting  
115.52, Exhaustion of administrative remedies  
115.53, Inmate access to outside confidential support services  
115.54, Third-party reporting  
115.61, Staff and agency reporting duties  
115.62, Agency protection duties  
115.63, Reporting to other confinement facilities  
115.64, Staff first responder duties  
115.65, Coordinated response  
115.66, Preservation of ability to protect residents from contact with abusers  
115.67, Agency protection against retaliation  
115.68, Post-allegation protective custody  
115.71, Criminal and administrative agency investigations  
115.72, Evidentiary standard for administrative investigations  
115.73, Reporting to inmates  
115.76, Disciplinary sanctions for staff  
115.77, Corrective action for contractors and volunteers  
115.78, Disciplinary sanctions for inmates  
115.81, Medical and mental health screenings; history of sexual abuse  
115.82, Access to emergency medical and mental health services  
115.83, Ongoing medical and mental health care for sexual abuse victims and abusers  
115.86, Sexual abuse incident reviews  
115.87, Data collection  
115.88, Data review for corrective action  
115.89, Data storage, publication, and destruction  
115.401, Frequency and scope of audits  
115.403, Audit contents and findings

**Number of Standards Not Met:** 0



## Summary of Corrective Action (if any)

During the initial audit there were 3 standards not met during the onsite audit. The facility was placed in a corrective action period of 180 days. During this corrective action period, each non-compliant standard was addressed as indicated below in this final report.

### **115.41, Screening for risk of victimization and abusiveness**

YDC will need to ensure that 30-day re-assessments are being completed within the required 30-day time frame

#### **Corrective Action:**

During the Corrective Action Period, the facility provided sufficient documentation to support that 30-day re-assessments are being completed within the required 30-day timeframe as set forth in this standard. Based on this information, YDC is in full compliance with this standard

### **115.71, Criminal and administrative agency investigations**

The Agency shall ensure that all investigations are conducted by staff who have completed specialized training on sexual abuse allegations. To ensure there are no longer violations in this area, DPSCS will need to provide training records to the audit team indicating that all staff conducting investigations have been trained.

#### **Corrective Action:**

Updated training records, provided during the Corrective Action Period, verify that all IID staff have been properly trained to conduct sexual abuse investigations. The agency has now demonstrated compliance with all sections of this standard.

### **115.73, Reporting to inmates**

Maryland DPSCS will need to ensure that all inmates who report sexual abuse are notified of the investigation finding when the investigation is completed. They will also need to ensure they are notifying all inmate victims of the other notification requirements listed in the above standard. The agency will need to demonstrate how and when the inmates are notified and provide documentation proving compliance over the next 180 days by providing copies of all notification forms.

#### **Corrective Action:**

YDC reported no instances during the corrective action period where notifications were required. However, the agency provided documentation from other facilities showing that inmates were being notified as set forth in standard 115.73. Based on this information, the agency is now in compliance with this standard.

## PREVENTION PLANNING

### **Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**All Yes/No Questions Must Be Answered by The Auditor to Complete the Report**

#### **115.11 (a)**

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): Maryland Department of Public Safety and Correctional Services (MDPSCS) does have written policies and operating procedures in place mandating zero tolerance toward all forms of sexual abuse and sexual harassment. MDPSCS practices are precise in outlining the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. MDPSCS has implemented Secretary's Directive DPSCS.020.0026, effective August 19, 2016 which states "this directive continues policy for the Department of Public Safety and Correctional Services concerning sexual abuse and sexual harassment of an inmate. Furthermore, the directive continues to state the Department does not tolerate sexual abuse or sexual harassment of an inmate and in section 5-G, the Department shall continue an aggressive approach to preventing, detecting, and responding to acts of sexual abuse and sexual harassment involving an inmate. Section 5-F requires the Department to ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual abuse and sexual harassment involving an inmate comply with applicable national standards established under the authority of PREA. Additionally, MDPSCS has provided a copy of Executive Directive

OPS.050.0001; Sexual Misconduct-Prohibited, which states the Department does not tolerate sexual misconduct by an employee, by either omission or commission, and does not consider alleged or actual consent as a defense to an allegation of sexual misconduct. Executive Directive OPS.200.0005, Inmate on Inmate Sexual Conduct-Prohibited, also prohibits inmate-on-inmate sexual conduct of any sort.

(b): MDPSCS provided the agency's organizational chart identifying David Wolinski as a Special Assistant to the Deputy Secretary for Operations for the MDPSCS. Mr. Wolinski is the agency's PREA Coordinator. As an assistant to the number two position within the MDPSCS, Mr. Wolinski is in a position to have the authority and impact necessary to carry out the duties of a PREA Coordinator as required by this standard. Upon interviewing Mr. Wolinski, he indicated he has sufficient time and authority to manage his PREA related responsibilities on behalf of the agency. Furthermore, Mr. Wolinski stated he has the authority to make changes and implement policy on behalf of the agency in order to improve PREA efforts. Mr. Wolinski also stated he and a Major are actively involved in the annual staffing plan reviews of each correctional facility within the DPSCS. In addition to Mr. Wolinski's PREA compliance duties, he is responsible for gathering aggregate data in order to assess and improve efforts toward sexual abuse and sexual harassment prevention.

Specifically, Mr. Wolinski reviews the information gathered in order to look for trends or pockets of allegations to determine whether changes need to be made to policy or practice within a particular location or facility. Mr. Wolinski indicated there are 23 PREA compliance managers within the MDPSCS. He regularly interacts with them through email and telephone calls, as well as during site visits to the facilities.

The agency has Policy Directives in place supporting section (b) of this standard. Secretary's Directive DPSCS.020.0026, effective August 19, 2016, mandates, under section 5-A that the Secretary shall designate a Department PREA Coordinator. Section 5-B mandates the PREA Coordinator 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. At a minimum, the PREA Coordinator is responsible for oversight of Department prevention, detection, and response activities designed to support the Department's zero tolerance policy for sexual abuse and sexual harassment of an inmate, ensuring the Department PREA-related activities comply with federal PREA standards, authorizing procedures for the Department related to prevention, detection, and response to acts of sexual abuse and sexual harassment involving an inmate, and ensuring preparation and submission of PREA-related reports.

YDC provided specific documentation which indicates that Tamiko Smith-Summers, who is a Correctional Lieutenant at YDC, has been designated as the PREA compliance manager for YDC. Lt. Smith-Summers reports to Facility Administrator Dehavilland Whitaker. During an interview with Lt. Smith-Summers, she indicated that a thorough system has been developed that allows YDC to uphold each PREA standard and the many processes that are necessary for compliance with the standards. Lt. Smith-Summers also stated she has sufficient time and authority to assure that YDC is in compliance with PREA standards.

The agency/facility provided evidence showing support of this standard, Secretary's Directive DPSCS.020.0026, effective August 19, 2016, section 5-C, requires the managing official for each Department detention, correctional, and community confinement facility, to identify a PREA Compliance Manager (PCM) for that facility. The PCM shall have the authority to independently act on behalf of the managing official on facility PREA compliance activities. In addition, both documentation and practice supports zero tolerance toward all forms of sexual abuse and sexual harassment, plan and processes to preventing, detecting, and responding to sexual abuse and sexual harassment, and designation of both an agency-wide and facility PREA coordinator who has sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards.

## Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.12 (a)

- 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 ☐ No ☐ NA

### 115.12 (b)

- 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 OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): Maryland Department of Public Safety and Correctional Services (MDPSCS) contracts with "Threshold, Inc." for its pre-release services. MDPSCS provided a July 2016 copy of the contract with "Threshold, Inc." as documentation of meeting this standard. The contract, under sections 25.3 and 25.4,

requires “Threshold, Inc.” to comply with all Federal, State and Local laws, regulations, and ordinances applicable to its activities and obligations under this contract, and; shall fully comply with the standards set forth in the Prison Rape Elimination Act of 2003, and with all applicable regulations issued by the U.S. Department of Justice.

(b): Under the inspections and evaluations portion of the contract (2.10.1), the Contractor shall permit the Contract Monitor or authorized representatives to conduct audits, physical inspections, and evaluations of the Center at any time during the contract period. The Department’s Contract Monitor or authorized representatives may enter the Center at any time without prior notice to the Contractor. Additionally, MDPSCS provided a copy of the most recent PREA audit completed at “Threshold, Inc.” The audit report published in May 2018 supports that “Threshold, Inc.” is in full compliance with PREA. This is the only agency contracted by the MDPSCS and complies with the requirements of the standard.

During the Contract Administrator Interview with the agency PREA Coordinator, David Wolinski, it was stated that Maryland DPSCS has assigned an agency staff member as the PREA Compliance Manager/Contract Monitor at each contracted facility to ensure continued compliance with the contract and with PREA. Mr. Wolinski has regular intermittent conversations with the contractor and with the Contract Monitors regarding the facility’s continued compliance. The final report for the contracted facility’s audit has been posted on the agency’s website.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of

inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### 115.13 (b)

- 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 ☐ No ☒ NA

#### 115.13 (c)

- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

#### 115.13 (d)

- 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 ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): MDPSCS Staffing Analysis and Overtime Management establishes a staffing plan for the facilities to comply with on a regular basis and states that all facility staffing plans are reviewed annually. Maryland Executive Directive OPS.115.0001, effective April 24, 2017, assigns responsibilities and authorizes a procedure manual for the MDPSCS to manage security staffing and overtime. The agency policy specifically addresses all of the sub-sections of this standard, and it is evident that YDC has developed, documented and continues to make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing. YDC administration also provided the February 4, 2019 completed facility staffing plan and the enhanced coverage with video monitoring throughout the facility was evidenced during the facility tour. During the interview and discussions with Facility Administrator Whitaker and Lieutenant Smith-Summers and review of the staffing plan and annual review, it is evident that the facility is in compliance with all sections of this standard.

During an interview with the FA Whitaker, she reported that “collapsed positions” are considered based on the safety and security of the facility and inmates; in addition, she provided a detailed explanation from the Facility Staffing Plan Summary outlining the information that is considered and the steps which are followed to ensure enough staff are assigned to cover essential areas where inmates are housed and active, ensuring the sexual safety of the inmate population. She also stated that if in the event a position has to be closed; inmate activities are suspended in this area if there is no available coverage. As evidence to support this standard, MDPSCS provided Directive DCD# 110-29, Collapsible Posts, issued August 1, 2001, which establishes a policy whereby specified posts may be collapsed to perform other essential security functions. This policy is to be utilized by wardens as a management tool to control overtime. It is the policy of the Department to allow managing officers to identify posts that may be



collapsed in order to perform other more vital security assignments and reduce overtime usage. In order to ensure the safety of staff and inmates, the managing officer or designee shall select Operational Security Levels (OSL) for posts. The OSL for each post is designated on the Facility Staffing Plan (FSP), as well as all shift Post Assignment Worksheets. Each OSL level has specific guidelines which the managing officer must follow when there is a need to collapse a post. OSL 1 post may be collapsed for the duration of a shift while maintaining normal operations without interruption. OSL 2 posts may be collapsed during periods of diminished staffing levels by reducing operations while still maintaining institutional security, this may limit some activities. OSL 3 posts are only collapsed in a complete institutional lock down. OSL 4 posts shall not be collapsed except in an emergency; these posts remain staffed during a lock down.

Section VI-D of the policy mandates that posts shall be collapsed so as not to jeopardize the security, safety, and welfare of staff or inmates. The MDPSCS Staffing Analysis and Overtime Management Manual also includes the responsibility and instructions of collapsing (closing) assignments.

(c): The agency did provide sufficient documentation to show that MDPSCS, along with YDC does review staffing plans at least on an annual basis. During an interview with FA Whitaker, she indicated that she does communicate with the Agency PREA Coordinator on an annual basis to determine whether any adjustments are needed to the staffing plan and any other technologies that ensure YDC inmates' sexual safety. As evidence to support the standard, MDPSCS provided their Staffing Analysis and Overtime Management Manual which echoed the requirements set forth in the executive directive listed below. Specifically, "The Purpose" outlined in the manual states, "to establish policy and procedures to ensure safe, secure and efficient staffing of DPSCS facilities." Section VI also reaffirms the managing official shall maintain a current Facility Staffing Plan (FSP) approved by the Commissioner and the managing official, or designee, shall ensure the staffing plan reflects the most efficient use of officers to accomplish the mission of the facility by annually performing a review of the Facility Staffing Plan.

Executive Directive OPS.115.0001, effective April 24, 2017, section .03-B-5 requires the Department to establish and maintain a uniform system to annually review staffing and posts to ensure effective security and control at the correctional and detention facility. Section .05-C-2 states at least annually, or on an as needed basis, the managing official is responsible for conducting a review of the existing Facility Staffing Plan that includes an analysis of each post to identify:

1. The number of days each week the post is staffed;
2. The rank of the correctional officers assigned to the post;
3. The operational staffing level (OSL) for the post; and
4. The designation as an emergency response post.

In addition to the above Executive Directive, the policy requires an analysis of the facility's operations to determine if changes warrant establishing new posts and modification of the Facility Staffing Plan. Maryland DPSCS OPS.115.0001, section .05, indicates the facility will annually, in collaboration with the PREA Coordinator, review the staffing plan to see where adjustments are needed in the plan, monitoring equipment, or the allocation of facility resources are needed to ensure compliance. During the Facility Administrator's interview, she stated that YDC conducts annual reviews of the Facility Staffing Plan to ensure the safety and security of the facility, as well as to protect staff and inmates and to ensure the sexual safety of the inmate population. FA Whitaker also provided documentation which supports the annual review of YDC's facility staffing plan.



During the audit tour, it was evident that staff was present and available to inmates and rounds were made throughout the facility; in addition, video cameras were placed in appropriate areas of the facility and monitored to ensure the safety and security of the inmates. Random interviews with inmates also helped to support that staff and supervisors are available if needed and to affirm that inmates feel safe at YDC.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

#### 115.14 (b)

- 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].) ☒ Yes ☐ No ☐ 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].) ☒ Yes ☐ No ☐ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ 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].) ☒ Yes ☐ No ☐ 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].) ☒ Yes ☐ No ☐ NA

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

YDC houses youthful inmates ranging in age from 14-17 years old, who have been charged as adults; no adults are housed at YDC. As per MDPDS Directive 100.0003, Separation of Adult and Juvenile Detainees, all youthful offenders are housed at a juvenile institution or a housing unit designated for juvenile offenders. This was confirmed during the on-site visit by interviewing the Facility Administrator and PREA compliance manager, who stated that no adult inmates were housed at YDC. This was also verified through general observation during the site tour, the inmate and staff interviews and inmate file reviews. The agency PREA coordinator also confirmed that no adult inmates are housed at YDC, only youthful inmates ages 14-17 years old.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- 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 ☐ No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ 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 here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates?  
☒ Yes ☐ No

#### 115.15 (d)

- Does the facility implement a policy and practice 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

#### 115.15 (e)

- 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 ☐ No
- 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 ☐ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): YDC reported in the PAQ that there were no instances in the past 12 months of cross-gender searches, including strip searches, body cavity searches and pat-down searches. During staff interviews, all staff indicated that neither cross-gender strip searches nor cross-gender visual body

cavity searches are conducted and these cross-gender searches would not occur unless it was an emergency, and in those cases a supervisor would need to authorize and appropriately document the search.

The facility also provided the Maryland DPSCS, executive directive OPS.110.0047, Search Protocol-Inmates, effective April 15, 2015. OPS.110.0047 states in section F(4) that an inmate strip search shall be conducted by a single correctional officer of the same gender as that of the inmate being searched; in a location and manner that ensures maximum privacy for the inmate being searched; and in the presence of an additional correctional officer. The training documents provided regarding strip searches states the officer conducting the search shall be the same sex as the inmate being searched. The standard continues to state, "Ideally, another officer, also of the same sex should be present." The agency directives specifically prohibit cross-gender strip searches and visual body cavity searches.

(b): During random and formal interviews with both staff and inmates, it was reported that cross gender pat down searches do not occur at YDC. Due to the majority of female officers employed at YDC, cross gender pat searches of a female inmate is never an issue and a female staff person is always available. In addition, female inmates at this facility have full access to programming and out of cell activities, again, due to the number of female staff and the design of the facility, programming and out of cell activities for female inmates is always available.

As further evidence to show support of this standard, Maryland DPSCS and YDC offered Executive directive OPS.110.0047, Search Protocol-Inmates, effective April 15, 2015. It states in section E(3) a frisk search of a female inmate shall be conducted by female corrections officers, except 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 the officer does not touch the breast or genital area of the inmate.

(c): The facility PAQ reported zero instances of cross gender searches occurring in the last 12 months at YDC. During interviews with random staff and inmates, it was evident that cross-gender strip searches and body cavity searches of male or female inmates do not occur at YDC.

MDPSCS, executive directive OPS.110.0047, Search Protocol-Inmates, effective April 15, 2015 was provided as support for this section of the standard. These directives provide detailed information regarding personal searches of inmates which supports that YDC is in compliance with inmate search requirements as mandated by this standard.

(d): During the tour of YDC, it was evident that the female staffs announce their presence prior to entering the housing units. There is a loud and clear announcement by female staff of some version of "female entering" upon entering the housing dorm. While conducting interviews with staff and inmates, they also confirmed that "knocking and announcing" is occurring on all three shifts, each time a female staff enters the housing unit. In addition, there is only one female housing pod, and no male staff are ever assigned to that pod, nor do male staff enter that pod; the only times a male staff would enter the female housing pod is for maintenance issues and that would take place while female inmates are out of the pod for school. During the audit tour, it was obvious that inmates had sufficient privacy to change clothes and perform bodily functions without direct cross-gender viewing by staff. All showers had partial height doors which allowed inmates to shower with complete privacy. Also, provided to the auditors for support was Maryland DPSCS, executive directive OPS.050.0001, Sexual Misconduct-Prohibited, defines "cross gender viewing" as an employee observing the breasts, buttocks, or genitalia of an inmate of the opposite sex while the inmate is showering, performing bodily functions, changing clothing, or any similar activity. This directive also defines "sexual misconduct" to include cross gender viewing, if performed without

warning by non-medical staff at times other than incidental to routine cell check, supervisory rounds to prevent sexual abuse and harassment, or exigent circumstances.

(e): During interviews of random staff, it was clear that staff knew they could not conduct a search or examine a transgender inmate for the sole purpose of determining the inmate's genital status. Staff also indicated that this was part of their annual training.

Maryland DPSCS, executive directive OPS.110.0047, Search Protocol-Inmates, effective April 15, 2015, states in section F(3), Strip searches of transgender and intersex inmates, states a strip search may not be conducted for the sole purpose of determining the inmate's genital status. Subsection F(3b) 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.

(f): YDC staff presented the PREA training module which is given annually to all staff. This module demonstrated that it does train staff in how to conduct cross-gender pat down searches and searches of transgender and intersex inmates professionally and respectfully. As further evidence to show support of this standard, the Maryland Police and Correctional Training Commissions Lesson Plan for security custody and control was presented. This lesson plan covers searches of inmates, including cross-gender and transgender inmates. The lesson plan gives clear and detailed instruction on how to conduct these searches and includes a video on transgender searches. Training records were reviewed for YDC staff. Training for all staff covering PREA, LGBTI inmates and training covering searches of inmates, including cross-gender and transgender inmates is required and offered annually. Training records, along with an interview of the PREA Compliance Manager, confirmed that all staff has fulfilled their training requirements. All staff interviewed also confirmed that they have had PREA training, to include how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, and are required to complete the training annually.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- 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 ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a)-(b): The Maryland Department of Public Safety and Correctional Services (MDPSCS) does have directives in place to ensure that inmates with disabilities are treated equally and are able to benefit from all agency and facility efforts related to PREA. MDPSCS, division of correction directive, DCD # 200-1 states under section VI(c) each warden shall ensure that newly received inmates are provided information about inmate rights, general institutional schedules, procedures and institutional plans. This orientation may be provided through group sessions or by giving the inmate an orientation package. Subsection (1) of this directive states special assistance shall be provided to inmates with language or reading problems. Furthermore, executive directive OEO.020.0032, Limited English Proficiency (LEP) Policy states the department shall take reasonable steps to ensure that LEP individuals receive meaningful access to programs and services. The department is required to provide language assistance services in accordance with applicable State and Federal law.

YDC requires that prior to being placed in to general population, each inmate is provided with an orientation to the facility. Inmates are provided a copy of the inmate handbook in English or Spanish (whichever applies) for information and orientation purposes. The handbook includes information on PREA, access to health services, the grievance system, school information, etc. It also requires that if the inmate declares illiteracy, the handbook will be read to the inmate, or as appropriate, other orientation tools may include the showing of videos (in English and Spanish as required) and the completion of intake forms. In addition, non-English speaking inmates will be provided with interpretive services. A signed acknowledgement form is to be obtained from the inmate(s) and forwarded to case management for inclusion in his/her base file. YDC has had no inmates admitted with limited English proficiency; however, there are processes in place to assist if the need should arise.

Agency Head – Special Assistant Samantha Barrett stated in her interview that the MDPSCS utilizes contracted interpretive services, videos, pamphlets and posters and are readily available at the facilities in both English and Spanish, and for other languages interpreter services would be utilized.

(c): YDC reported no instances of interpreters being utilized in the last 12 months. YDC presented a list of interpreter services that will be utilized in the event an interpreter is needed. Statewide language interpretation services contracts have been awarded to Telephonic Language Interpretation, Vital Written Documents Translation, and Onsite Language Interpretation. YDC Inmate files were reviewed and signed acknowledgements were present.

During the tour of the facility, both English and Spanish PREA documents were present and available. Interviews with random facility staff confirmed that inmates would not be used as interpreters and that interpreter services were available, and there would not be a need to ever use inmates as interpreters. The agency showed that I Speak Cards are available to the facilities and are utilized to assist with determining the appropriate interpreter service needed to communicate with inmates.

There were no hearing impaired or vision impaired inmates housed at YDC at the time of this audit.

To show further support of this standard, YDC provided executive directive OPS.050.0001, Sexual Misconduct-Prohibited, which states, in section E(6), that inmates, 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, their performance of first responder duties, or the investigation of an inmate's allegation. Additionally, YDC provided executive directive OPS.200.0005, Inmate on Inmate Sexual conduct-Prohibited, which 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.

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

- 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 ☐ No
- 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 ☐ No



- 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 question immediately above? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.17 (h)

- 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 ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): Upon interviewing the human resources officer, it was indicated that every new employee, contractor or volunteer undergoes a criminal background check before being allowed access to MDPSCS facilities or contact with inmates. Furthermore, the applications for employees, contractors and volunteers ask the applicant directly whether they have been involved with past sexual abuse or sexual harassment. Additionally, a review of applications for newly employed staff from the past 12 months confirms the practice is being implemented.

MDPSCS does have executive directives in place which show support of this standard. MDPSCS executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states the Department shall investigate the background of all prospective employees, promotions and contractual service providers who have direct contact with inmates to determine suitability for hire or promotion under the standards established by the Prison Rape Elimination Act.

Section F(1)(a)-(c) of this directive states:

- (1) The Human Resources Services Division (HRSD) 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.

Maryland executive directive ADM.050.0041, Criminal History Records Checks -Non-mandated Employees, effective June 5, 2013 outlines, in detail, the processes required of the Department to conduct criminal history checks before an employee begins to perform duties and responsibilities of employment. This includes conducting criminal history records checks as mandated in this standard.

(b): Again, reviews of employee records show the applications utilized by the DPSCS directly ask applicants whether they have been the subject of sexual harassment in past. During the interview with the human resource officer, she verified this information is considered when determining whether or not to hire or promote anyone who may have contact with inmates. Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states in section F(2) that Human Resources 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. The Department affirmatively asks all the appropriate questions necessary to comply with this standard on the Personal Interview Form-Correctional Applicant. The Department also provided a memo from the executive director of the Office of Personnel Services and Benefits permitting the Maryland DPSCS to consider questions regarding convictions of sexual abuse and harassment while making hiring and promotion decisions.

(c): Additionally, during the interview, the human resource officer verified that background checks are performed on every applicant before offering a position, and they do consider pertinent civil or administrative judgments when determining whether or not to hire or promote anyone who may have contact with inmates, including contractors. Furthermore, DPSCS utilizes a system titled the "State Rap Act" which continuously monitors all staff for law enforcement contact. If contact is made, the agency is immediately notified of the contact and the details surrounding the incident. A review of new employee applications verifies each employee has undergone an initial criminal background check. YDC reported that there were no new employees in the last 12 months; the facility opened in June 2017; however, YDC reported that all employees at the facility were background checked for criminal history when hired and random employee file reviews supports that background checks for criminal history are being completed.

Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states, in section F(3), before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall conduct a criminal background records check and 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.

(d): MDPSCS and YDC do require that a criminal background check is completed prior to enlisting the services of any contractor. This was confirmed during the interview with the human resource officer. Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states, in section F(3)(c) states 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.

(e): MDPSCS and YDC do require that background checks are conducted at least every five years for current employees and contractors. Furthermore, the agency demonstrated their participation in the State Rap Act, which monitors employee contact with law enforcement on a continuous basis (24/7). If an employee has any contact with a law enforcement agency, the contact is immediately reported to the agency. This exceeds the requirement of a background check once every five years.

A review of employee applications did verify that initial criminal background checks are being completed for new employees. Also, the human resource officer also acknowledged this practice is occurring during her interview; YDC has only been opened since June 2017; however, there is a plan in place to ensure that continued background checks will be completed as required by this standard. In further support of this standard, I reviewed executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 which states, in section F(3)(d) Human Resources shall conduct criminal records background checks every five years on employees or a contractor's services provider who may have contact with an inmate.

(f): MDPSCS provided the PREA guidelines for hiring, promoting and transferring employees that requires all applicants who report for an interview must read and complete the "PREA Interview Questions for Non-Mandated Positions, Mandated Positions, Promotional and Transfer Candidates." The questionnaire affirmatively asks all the questions outlined in this standard. The applicant must provide the response in writing, as well as sign and date the questionnaire. Reviews of employee records show the applicants have completed the pre-employment application which directly asks applicants about past sexual abuse and sexual harassment and their records contain the interview questions mentioned above. The human resource officer confirmed in her interview that the agency does require all employees and applicants to disclose verbally and/or in writing any previous or withstanding misconduct pertaining to sexual abuse or sexual misconduct, of any kind, that they may have been convicted of, including any civil or administrative judgments. Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015, states, in section F(4)(a)-(b) 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 written application or interview for employment or promotions and an interview or written self-evaluation conducted as a part of a review of a current employee.

(g): The interview with the human resource officer also confirmed that employment would be terminated if it was ever discovered an employee lied on an application or during the application process. Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015, states, in section F(5) a material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment.

(h): The Department did supply the auditor with documentation showing that personnel files, which includes substantiated allegations of sexual abuse or sexual harassment involving a former employee,

would be made available to a requesting institution for their review prior to transferring or promoting an MDPSCS employee. During the interview with the Human Resources Officer, she indicated that if an employee applies for work at another institution, the departing facility would accommodate any requests for information related to a former employee being investigated for substantiated allegations of abuse or sexual harassment from another institution.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
☒ Yes   ☐ No   ☐ NA

#### 115.18 (b)

- 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   ☐ No   ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-b): The Agency Head interview was conducted with Ms. Samantha Barrett, who is the Special Assistant to Deputy Secretary John Michael Ziegler. Ms. Barrett indicated the Youth Detention Center (YDC) is a new facility, recently built for youthful inmates and is located in Baltimore, Maryland. YDC was opened for operation on June 1, 2017. MDPSCS provided a PREA Audit Compliance report submitted by PSA--DEWBERRY + PENZA BAILEY ARCHITECTS regarding the new BCDC Youth Detention Center. The report indicates that the facility was designed in accordance with the PREA, Prisons and Jail Standards, United States Department of Justice Final Rule, National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA), 28 C.F.R.

Part 115. Specifically, the facility incorporates best practices: Sight and sound separation; Design which minimizes blind spots, and maximizes direct supervision; all housing units incorporate direct supervision; access to recreation; access to education; classrooms are designed with glazing to the corridor to allow for full visibility into classroom; correctional officers continually patrol education corridors during school hours; glazed doors and walls where visibility and control is critical; showers have a partial door to permit visual supervision without violating privacy and meets the requirements with regard to cross-gender viewing; Strategically located supervision control and nursing stations; provision of normalized environment through effective and extensive daylighting and proper material and color choices.

YDC, as evidenced during the tour, is a new state of the art facility. The facility was very obviously built with PREA in mind. The building design allows for the housing and activities of male and female inmates in manner that keeps the population safe from sexual harassment and abuse, as well as to allow for full access of programming for the entire inmate population. YDC provided a camera listing which showed cameras in all areas of the institution, except the inside of cells, search areas, and shower facilities. The number of cameras, as well as the video camera placement, supports excellent coverage which allows for better protection of inmates from sexual abuse. In addition, auditors were able to review the video monitoring system which clearly supported the enhanced coverage of the facility.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.21 (a)

- 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   ☐ No   ☐ NA

#### 115.21 (b)

- 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   ☐ No   ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes   ☐ No   ☐ NA

**115.21 (c)**

- 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 ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

**115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

**115.21 (e)**

- 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 ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

**115.21 (f)**

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

**115.21 (g)**

- Auditor is not required to audit this provision.

#### 115.21 (h)

- 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): Maryland DPSCS utilizes a specialized unit within its Department to conduct such investigations. Staff assigned to the Internal Investigative Unit (IIU), or temporarily assigned to assist the IIU, are tasked with conducting investigations into allegations of sexual abuse and sexual harassment. MDPSCS does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The IIU secretary provided the auditors with a report verifying that every investigative Detective assigned to the unit has received the agency's specialized training for investigators. The following directives and training modules were provided to show support of this standard: Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014 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. Furthermore, IIU.110.0011 continues to require, in paragraph B, that 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.

Maryland DPSCS utilizes an internal training course titled Specialized Training: The training was developed in May 2014 and is intended to identify the proper methods of investigating sex related offenses in a Maryland DPSCS correctional facility.

#### TRAINING FOR INVESTIGATORS:

Maryland DPSCS directive OPS.050.0001, Sexual Misconduct-Prohibited, states in section .05(G)(2), 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 in a confinement setting that, at a minimum, specifically address:

- (a) Interview sexual abuse victims;
- (b) Using Miranda and Garrity warnings;
- (c) Sexual abuse evidence collection; and



(d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

YDC staff is required to take immediate action once staff has been made aware of an incident of sexual assault, abuse or misconduct to ensure physical evidence is not destroyed. Directive OSPS.050.030, Sexual Misconduct, provides steps that shall be taken to ensure that evidence is preserved, and the victim is protected. The PREA in-service training curriculum also trains staff on responding responsibilities, which includes preserving and protecting a crime scene until appropriate steps can be taken to collect any evidence. Interviews with YDC staff indicate that they are aware of evidence preservation and all stated in some manner that the crime scene would be secured, supervisors and medical and mental health staff notified, forensic exams completed by SANE/SAFE staff as necessary, and the incident referred to IID for investigation. Staffs were also aware that IID would be the one to conduct investigations related to sexual abuse and sexual harassment incidents.

(b): Maryland DPSCS training module, Specialized Training: Investigations-PREA, was developed and in place prior to the publication of the 2013 version of "A National Protocol for Sexual Assault Medical Examinations, Adult/Adolescents". The protocols strongly correlate with that of the National Protocol and are both based upon similar principles and processes as required by this standard.

(c): MDPSCS/YDC does offer all victims of sexual abuse access to forensic medical examinations off site at Mercy Medical Center (MMC) at no cost to the resident. These examinations are performed by SANE/SAFE staff. The SANE/SAFE Administrator at Mercy Medical Center was interviewed and stated that all forensic examinations are conducted for YDC and all other correctional facilities in and around Baltimore, Maryland. She also indicated that there is always a SANE/SAFE available during business hours and after hours there is always an on call SANE/SAFE available. YDC indicated on the PAQ that there were no forensic medical examinations conducted in the past 12 months by a SANE/SAFE. This was confirmed through interviews with YDC staff.

As further evidence showing support of this standard the following directives were presented: Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, section .05(D)(2), states when the possibility for recovery of physical evidence from a victim exists or otherwise is medically appropriate, coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE, or 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.

Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, section .05(D)(2), states when the possibility for recovery of physical evidence from a victim exists or otherwise is medically appropriate, coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE or 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, YDC staff provided auditors with the SANE/SAFE Resource Listing for the MDPSCS, and as listed, inmates at YDC would be sent to Mercy Medical Center (MMC). Directive OSPS.050.030, Sexual Misconduct, requires that forensic medical examinations will be offered to all victims of sexual abuse and that examinations are conducted by a Sexual Assault Forensics Examiner (S.A.F.E) or a Sexual Assault Nurse Examiner (S.A.N.E). The directive also indicates that treatment services are provided to every victim without financial cost and regardless of whether the victim names the perpetrator or cooperates with any investigation arising out of the incident.

(d)(e): DPSCS has contracted with Maryland Coalition Against Sexual Assault (MCASA) to provide these advocacy services statewide. The Maryland MCASA is the federally recognized state sexual assault coalition. Its core members are the state's 17 rape crisis and recovery centers, but it also represents the voices of many other professionals and service providers working with sexual assault survivors. MCASA provides policy advocacy, technical assistance, training, outreach, and prevention. MCASA's Sexual Assault Legal Institute (SALI) provides direct legal services for victims and survivors of sexual violence. As further evidence showing support of this standard, the following directives were presented: Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, section .05(D)(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.

Directive OSPS.050.030, Sexual Misconduct, requires the facility to attempt to make available to the victim a victim advocate from a rape crisis center, in person or by other means, and these efforts will be documented. If a rape crisis center is unavailable, the facility will provide access to a qualified staff member from a community-based organization. The directive also indicates if requested, the facility will attempt to make available to the victim a person to accompany and support the victim through the forensic medical examination process and investigatory interviews.

Phone contact was made with a MCASA – College and Prevention Policy Attorney and she did confirm they are in fact contracted with the MDPSCS and they do assist in providing advocacy services statewide. In addition, YDC provided documentation which listed Life Crisis Center as the rape crisis center they would contact in order to provide a victim advocate for a resident victim. Life Crisis Center is one of the rape crisis centers contracted through MCASA.

In addition, during a phone interview with Mercy Medical Center SANE/SAFE staff, it was indicated that there is always a victim advocate available at Mercy Medical Center; in addition, MMC works with Turnaround Rape Crisis Center, who also provides the victim advocates when requested.

(f): This subsection is not applicable to Maryland Department of Public Safety and Correctional Services because they have an investigative division staffed with sworn police officers who conduct all of the agency's investigations, both administrative and criminal.

(g): This subsection is not applicable to Maryland Department of Public Safety and Correctional Services because they have an investigative division staffed with sworn police officers who conduct all of the agency's investigations, both administrative and criminal.

(h): The facility has indicated they would utilize the services at the Mercy Medical Center who meet the qualifications to serve in this role. During a phone interview with hospital SANE/SAFE staff, she indicated that there is always a victim advocate available at MMC; however, Turnaround Rape Crisis Center may also be contacted when needed and a victim advocate will be provided if one is requested by the inmate victim.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

**115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

**115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication 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).] ☒ Yes ☐ No ☐ NA

**115.22 (d)**

- Auditor is not required to audit this provision.

**115.22 (e)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): During the past 12 months, YDC reported that there were no allegations of sexual abuse/sexual harassment received. YDC records, along with the interview of the PREA compliance manager confirmed there were no allegations reported at YDC.

During the agency head interview with Samantha Barrett, Special Assistant to the Deputy Secretary, it was stated all allegations are investigated for administrative violations and criminal acts as appropriate. She further indicated that every investigation is tracked by the agency investigation division, IID. When asked how an investigation is completed, the agency head responded that when an allegation is received by the agency, it is assigned to the agency's IID who then determines whether to investigate criminally or to assign it to the facility as an administrative investigation. The investigation is then conducted with a final determination detailed in the report which is retained by the agency.

To show further support of this standard, YDC provided Maryland DPSCS directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015, requires that an employee with knowledge of an incident or inmate sexual abuse or sexual harassment shall report that knowledge according to Department procedures for reporting employee misconduct or inmate rule violations.

Further, Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, 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.

(b): An investigator, in regard to investigations of allegations of sexual abuse and sexual harassment within the Maryland DPSCS, is defined as a Department employee permanently assigned to, or assigned to assist, the IIU with the responsibilities specified under the Correctional Services Article, §10-701(a)(3), Annotated Code of Maryland. Maryland Correctional Services Code Ann. §10-701 establishes the Internal Investigative Unit (IIU). Subsection (b) of the code states in part, an investigation of the IIU may exercise the powers of a peace or police officer in the State on property that is owned, leased, operated by, or under the control of the Department. The agency employs investigators who are sworn police officers who are authorized under Maryland law to conduct both administrative and criminal investigations. DPSCS website was reviewed and the policy was posted on the website. Investigative staff did indicate during the interview process that all reports of sexual abuse and sexual harassment must be referred immediately to IID for investigation and if it rises to possible felonious behavior it is then referred for prosecution by IID, who are sworn Peace Officers.

(c): Maryland DPSCS conducts all investigations of sexual abuse and sexual harassment for the agency. Therefore, this portion of the standard is not applicable to the agency.

(d): Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offences, effective April 1, 2014 is the policy governing the conduct of PREA investigations.

(e): Maryland DPSCS is not a DOJ component. Therefore, this portion of the standard is not applicable

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.31 (a)**

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

**115.31 (b)**

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- 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 ☐ No

**115.31 (c)**

- Have all current employees who may have contact with inmates received such training?  
☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

a): All staff interviewed during the on-site audit at Youth Detention Center indicated they receive annual PREA training. It was clear during random and formal interviews that the YDC staff was educated on PREA and had a good overall understanding of each of the criteria presented in this substandard. Staff knew of the Agency and Facility Zero Tolerance Policy and were confident in being able to report what steps they would take in the event they were directly involved in a complaint or instance involving sexual abuse or sexual harassment.

MDPSCS and YDC provided the following directives and training curriculums showing further support of this standard: Maryland DPSCS Facility Directive DPDS-030-001 which establishes procedures to ensure compliance with the established training requirements for the Division of Pretrial Detention and Services Personnel. This directive is applicable to both Correctional and Civilian employees of the DPDS. The directive indicates it is the policy of the Division of Pretrial Detention and Services that facility training units shall provide documented pre-service and annual in-service training as modeled by the Maryland Police and Training Commission, the American Correctional Association and the Maryland Commission on Correctional Standards. The directive mandates that documentation of field training is maintained in the individual employee's training file and documented in the Skills Manager Database (SMD) per protocol.

Maryland DPSCS Executive Directive OPS.050.0001 "Sexual Misconduct-Prohibited" covers the applicable definitions and elements as covered in standard 115.31 (a) 1-10. The directive indicates that the head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under section .05, paragraph B of this directive, shall ensure that, among other requirements, each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct.

Maryland DPDS Executive Directive OSP continues policy for the DPSCS, prohibiting inmate on inmate sexual conduct and assigns responsibility and procedures for reporting, responding to, investigating, processing, and resolving a complaint of inmate on inmate sexual conduct. Section .05, paragraph B of the directive indicates that the head of a unit, or designee, is responsible for ensuring that, among other requirements, that each supervisor, manager, shift commander and contractor who has contact with an inmate under the authority of the unit head is familiar with Department policy prohibiting inmate on inmate sexual conduct. Paragraph C of the same section requires that an employee attends approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct. Paragraph G Investigating, Documenting, and Resolving a Complaint requires that 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.

Training documentation to support that the requirements of standard 115.31 (a) 1-10 are met include:

- Maryland Police and Correctional Training Commissions Lesson Plan for Correctional Entrance Level Training Program.
- Code of Maryland Regulations (COMAR), Title 12 DPSCS, subtitle 10 Correctional Training Commission requires in section 12.10.01.16 "Mandated Employee In-Service Training and Firearms Training and Qualifications that each employee completes 18 hours of Commission approved mandated employee in-service training by December 31 of each calendar year.
- CELTP Academy Curriculum Outline indicates that each employee receives training on Sexual Harassment and Misconduct, Female Offenders, and Special Management Issues as well as other training prior to starting work with inmates.
- Maryland Department of Public Safety and Correctional Services Maryland Police and Correctional Training Commission Correctional Training Unit Lesson Plan, Lesson Title "Managing the Female Offender".
- Maryland Police and Correctional Training Commission Lesson Plan, Lesson Title "Correctional In-Service Training Program, Prison Rape Elimination Act."
- Maryland Department of Public Safety and Correctional Services Professional Development and Training Division Lesson Plan, Lesson Title "Sexual Harassment Awareness".
- Maryland Department of Public Safety and Correctional Services Professional Development and Training Division Lesson Plan, Lesson Title "Special Management Issues in Corrections", which covers managing transgender inmates and PREA.
- Maryland Department of Public Safety and Correctional Services Professional Development and Training Division Lesson Plan, Lesson Title "Prison Rape Elimination Act".

(b): DPSCS has an approved lesson plan titled, "Managing the Female Offender". This training is tailored towards staff working at a facility that houses female inmates. The YDC Facility Directive.124.0000- Sexual Misconduct Prohibited indicates: the facility training department offers annual PREA training to all facility staff to include staff, all non-custody staff and any staff having contact with inmates. YDC's training is tailored to the gender of the inmates that are housed at the facility. In interviews with training staff, line staff and after reviewing facility training curriculum, it was clear that YDC staff is receiving the training tailored towards Male offender. However, if a YDC employee were reassigned to other facilities housing the opposite gender, staff are also given additional training and custody staff will receive training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates. YDC houses male inmates. YDC staff receives PREA Training on an annual basis.



(c): YDC reported that in the past 12 months 154 staff who have contact with inmates received the necessary PREA Training. YDC's Training Officer presented me with training records showing that all YDC staff were in fact PREA trained. The Agency presented the following directive showing further support of this standard: Code of Maryland Regulations (COMAR), Title 12 DPSCS, subtitle 10 Correctional Training Commission requires in section 12.10.01.16 "Mandated Employee In-Service Training and Firearms Training and Qualifications that each employee completes 18 hours of Commission approved mandated employee in-service training by December 31 of each calendar year.

(d): YDC training documentation provided to auditors showed all staff from the Youth Detention Center completed the mandatory in-service training for PREA, as indicated by their personal signatures. YDC provided computerized documentation indicating all YDC staff have received the necessary PREA training and had completed in-service training within the last 12 months. The agency uses a computer-based program to track employee training records. The program was maintained only by approved staff and was very detailed and informative.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- 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 ☐ No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



(a): YDC provided auditors with the institution's Volunteer and Orientation Guide entitled PREA Information Booklet for Volunteers and Contractual workers. This is a 6-page guide that outlines the volunteer/contractors' responsibilities as they relate to PREA including how one would report such incidents. Medical and Mental Health staff at YDC are full-time contractual staff. All Mental Health and Medical staff that were interviewed formally and informally stated that they receive annual training related to PREA. Mental Health and Medical training records were provided by YDC/Corizon Medical confirming that all medical staff has completed PREA training.

An interview with a facility volunteer was conducted and he did state that prior to being able to have contact with the inmate population, he had to go through a background check and completed PREA related training which left them with a clear understanding of what PREA was and their responsibilities as they relate to PREA.

MDPSCS Executive Directive OPS.050.0001 "Sexual Misconduct-Prohibited" mandates that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. Under the applicable directive "Employee" is defined as: "an individual assigned to or employed to or employed by the Department in a full-time, part-time, temporary, or contractual positions regardless of job title or classification, which includes contractors, interns, volunteers and employees of the Maryland Department of Education, Labor, Licensing and Regulation and Baltimore City Public Schools."

(b): YDC indicated that they have 15 volunteers and contractors that are cleared to provide service inside YDC. Training records for these volunteers/contractors are computerized and were reviewed during the audit showing that all volunteers and contractors are appropriately trained. YDC has a thorough process which includes a thorough background check and orientation which includes in depth education related to PREA and future volunteers' signatures indicate they received and understand their responsibility as it relates to PREA. MDPSCS provided a copy of the brochure titled "Sexual Assault Prevention and Reporting, Staff Information Brochure". This brochure is provided to all volunteers and contractors and outlines their requirements and gives the necessary PREA education that each volunteer/contractor would need in order to manage PREA issues as they arise. The department also provided a copy of the DPSCS Volunteer Program Administrative Manual which outlines the training required for all volunteers prior to beginning any assignment within the MDPSCS. Executive Directive ADM.170.0002 "Volunteer, Intern and Contractor Contact and Personal Information" establishes policy and responsibilities for a DPSCS volunteer, intern and contractor to ensure that contact and personal information on file with the department is accurate.

(c): YDC presented auditors with the signature sheets of volunteers and contractors who had been given the "PREA Information Booklet for Volunteers and Contractual Workers". The signature of these individuals signifies that they received PREA training and they understand the training they have received. YDC maintains a volunteer/contractor PREA acknowledgement log and indicates the date PREA training/information was provided.

## Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

### 115.33 (b)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

### 115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- 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 ☐ No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): YDC reported that 58 inmates who were admitted to YDC in the past 12 months received PREA information at intake. Inmates who were interviewed randomly and formally indicated they are receiving information on the zero-tolerance policy and are also receiving PREA education by way of pamphlets and PREA video. Upon reviewing the files of 31 random inmates, each file showed signed inmate documentation indicating receipt of the PREA education. During formal interviews of inmates that had arrived at the facility in the last 12 months, each inmate indicated that they had received PREA education upon within 72 hours of arrival at YDC, this education included the facilities' zero tolerance policy and how to report sexual abuse and sexual harassment.

YDC provided the YDC Division of Pretrial Detention and Services "Juvenile Handbook", which is currently in the process of being approved by the Deputy Commissioner, pages 36 – 39 which thoroughly cover PREA including the definition of PREA and how inmates can report these incidents. The handbook also offers contact information for outside support services related to sexual abuse. Also presented was the Maryland DPSCS Facility Directive DCD 200-1 which establishes the rights of Division of Corrections inmates. The directive mandates that each Warden ensure that newly received inmates are provided information about inmate rights, general institutional schedules, procedures and institutional plans. The orientation may be provided through group sessions or by giving the inmate an orientation package. It further mandates that special assistance shall be provided to inmates with language or reading problems. The orientation materials or handbooks shall also be made available to the inmates for reference in the library or a designated area.

Directive DPDS.180.0005 establishes procedures for the timely provision of information and instruction to newly admitted inmates. The directive establishes responsibility for the orientation of inmates, with

reasonable accommodations for persons with language, literacy or hearing limitations. This directive mandates that orientation be completed within seven (7) calendar days of intake.

## Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.34 (a)

- 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 have received 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 ☐ No ☐ NA

### 115.34 (b)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

### 115.34 (c)

- 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 ☐ No ☐ NA

### 115.34 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a)(b): Upon interviewing IID staff, which included informal interviews with administrative staff, detectives and training supervisors, as well as formal interviews with an Investigative Detective Sergeant, it was evident the detectives assigned to conduct investigations into sexual abuse and sexual harassment allegations have been thoroughly trained to do so.

All allegations of sexual abuse and sexual harassment, criminal and administrative, are conducted by the IID unit and the detectives assigned to these investigations. The IID is quite large and has many detectives stationed throughout the state, and generally all detectives are former police officers with experience in conducting investigations prior to being hired as an IID detective. The agency provided the training module required of all IID detectives before conducting sexual abuse and sexual harassment investigations. The Detective indicated the specialized training she received regarding investigating sexual abuse and sexual harassment was in addition to the general PREA training all staff received.

The Detective was able to articulate the definition and appropriate application of Miranda and Garrity and had a clear understanding of how preponderance of the evidence is used to determine the outcome of an investigation.

To further support this standard, MDPSCS presented auditors with the following directives and documentation: Title 12 DPSCS, subtitle 04 Police Training Commission, Chapter 01 General Regulations provides the minimum standards for entrance level training for police officers which includes training on criminal investigations.

Maryland Correctional Services Code Ann. § 10-701 establishes the power of investigators within the Maryland Correctional Services to be able to exercise the powers of a peace or police officer on state owned or property controlled by the department. This code also establishes that an investigator in the Investigative Unit shall meet the minimum qualifications required and satisfactorily complete the training prescribed by the Maryland Police Training Commission.

Maryland DPSCS Executive Directive OPS.050.0001 "Sexual Misconduct-Prohibited", Section .05, paragraph G(2) of the directive and Executive Directive OPS.200.0005 indicates that to the extent possible, but in every case where the allegations of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses interviewing sexual abuse victims, using Miranda and Garrity warning, sexual abuse evidence collections and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

Executive Directive IIU.110.0011 “Investigating Sex Related Offenses” establishes policy and procedures for DPSCS investigators conducting an investigation of an allegation of misconduct that involves a sex related offense. This policy 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 Maryland Police and Correctional Training Commissions 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.

(c): MDPSCS provided documentation during the site visit that all IID investigators have completed the agency’s mandatory training for sexual abuse investigators.

(d): MDPSCS provided training plans and documentation for all related training provided to its employees. Documentation for the following training has been reviewed as part of this audit; Cross Cultural, Fraternization Academy, Interpersonal Communication, LGBTI, Managing the Female Offender Gender Response, PREA Academy, PREA Contractor, PREA In-Service, PREA Investigator, Security Custody Control, Sexual Harassment Academy, Sexual Harassment In-Service, Sexual Harassment Contractor and PREA Training.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.35 (a)**

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

### **115.35 (b)**

- 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.) ☐ Yes ☐ No ☒ NA

#### 115.35 (c)

- 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? ☒ Yes ☐ No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a)(c)(d): Youth Detention Center receives services from Corizon. The contract policy with Corizon covers the required elements of PREA training and must be given to each employee prior to working with inmates. Medical and Mental Health staff at YDC are full-time contractual employees. YDC reported that 100% of its Medical and Mental Health staff have received the necessary PREA training. The training documentation provided to auditors was reviewed and confirmed that all medical and mental health staff did complete PREA training, and the training does cover the required elements of how to detect and assess signs of sexual abuse and harassment, how to preserve evidence, how to respond to victims and how and whom to report allegations or suspected abuse and/or harassment. Medical and Mental Health staff interviewed all indicated they complete PREA training annually and submit their documentation directly to their employer, Corizon.

To further support this standard, I reviewed Executive Directive DPSCS.020.0026 which establishes policy for the department concerning sexual abuse and sexual harassment of an inmate. This directive (section .05 paragraph B(2)) requires that the department ensures compliance in areas of PREA, including Medical and Mental Health Care as required by this standard. Also, Maryland DPSCS Executive Directive OPS.050.0001 "Sexual Misconduct-Prohibited" mandates that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. Under the applicable directive "Employee" is defined as "an individual assigned to or



employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification which includes contractors, interns, volunteers and employees of the Maryland Department of Education, Labor, Licensing and Regulation and Baltimore City Public Schools.” This would include medical and mental health staff, whether direct employees or contractual employees.

(b): Maryland DPSCS medical staff does not conduct forensic examinations.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.41 (a)

- 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 ☐ No
- 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 ☐ No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
☒ Yes ☐ No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
☒ Yes ☐ No

#### 115.41 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No



- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
☒ Yes ☐ No

#### 115.41 (h)

- 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 ☐ No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a)-(g): All inmates transferring into the Youth Detention Center (YDC) are screened immediately upon arriving at the facility, well within the 72 hours permitted in this standard.

During a tour of the intake area auditors were able to observe the area where an actual intake would occur. Auditors observed the process and it was confirmed this is the normal occurrence upon arrival to the facility. The intake Officer detailed the process that each inmate follows upon arrival; during the process, each inmate is interviewed and educated regarding PREA, which includes a video. Once the

intake process is complete, each inmate's PREA Intake Screening is then forwarded to the case manager, who then reviews the form for necessary programming and placement and assures the incoming intake screening was done appropriately. Auditors verified that the facility is conducting the 30-day re-assessments, however not all are being conducted within the required 30-day time frame and in some cases, it appeared the 30 day may have not been done due to staff vacancies. This was discovered during the review of 31 residents' files while at YDC and YDC is currently in the process of alleviating this issue.

All of the random inmate interviews also indicated that they were seen within 72 hours of their arrival at YDC and assessed. During the tour, there were 10 inmates interviewed and all were aware of PREA and indicated that they were asked questions related to PREA during intake.

Maryland DPSCS Executive Directive OSPS.200.0005 establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the MDPSCS to assess the risk of the individual being sexually abused or being sexually abusive towards other inmates. Section .03 of this directive mandates that a screening instrument be utilized as part of the intake and facility transfer or at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates. The directive also mandates that the information obtained from the assessment be applied to decisions concerning areas such as inmate housing, programming, treatment, and work assignments to minimize circumstances that contribute to incidents of victimization or abusiveness. Section .05, paragraph B of the directive requires that the screening instrument is utilized to assess each inmate within 72 hours of arrival at a facility and again within 30 days of the inmate's arrival. It also mandates that an inmate be re-assessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness.

(h)-(i): Staff and inmate interviews support that the facility meets the requirements of this standard; there was no evidence found during the audit which would indicate that an inmate would be disciplined for refusing to answer or disclose information related to this screening. In addition, interviews with staff support that only specifically classified staff can access inmate classification files. This was also confirmed due to the inmate files being maintained in the case managers' offices which are in a locked area outside of the housing unit.

Also, a review of their online Offender Management System (OMS) supports that only staff with the correct profile are allowed access to the classification information maintained in the system. Section .05, paragraph B(5) of the directive ensures that an inmate will not be disciplined for refusing to answer or not disclosing complete information in response to screening questions, as well as ensures appropriate controls are in place for managing and dissemination of information collected during the screening process.

**Corrective Action Plan:**

YDC will need to ensure that 30-day re-assessments are being completed within the required 30-day time frame. For the duration of the corrective action period, YDC will need to provide the auditors with all 30-day re-assessments.

**Corrective Action:**

During the Corrective Action Period, the facility provided sufficient documentation to support that 30-day re-assessments are being completed within the required 30-day timeframe as set forth in this standard. Based on this information, YDC is in full compliance with this standard.

## Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.42 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

### 115.42 (c)

- 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 ☐ No
- 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 ☐ No

### 115.42 (d)

- 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 ☐ No

#### 115.42 (e)

- 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 ☐ No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### 115.42 (g)

- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): During staff interviews, the Case Manager indicated all incoming inmates are reviewed and assessed individually and the risk assessment information is being used to determine the appropriate assignments, however YDC is all single celled and the juveniles do not have work assignments. All classrooms are staffed with a teacher and a corrections officer who are present at all times and the

facility clearly goes above and beyond in assuring the inmates at YDC are safe. YDC is a fairly new prison, which opened in 2017 and, up to this point, all prisoners who have entered into YDC have scored in the “low risk” range.

(b): YDC staff indicated if an inmate comes in with obvious signs of vulnerability, staff will ensure the inmate is properly placed in order to ensure the inmate’s safety from becoming a victim of sexual abuse. The facility is conducting individual risk assessments on all inmates at the facility and this information is being uploaded into OCMS which is used to determine proper bed placement for each inmate.

I reviewed Maryland DPSCS Executive Directive OSPS.200.0005 which establishes policy and assigns responsibilities for screening individuals housed in a correctional facility under the authority of the agency to assess the risk of the individual from being sexually abused or being sexually abusive towards other inmates. Section 05(C) of the agency’s directive specifically states each of the elements of the standard, in order, correlating with sections a-g of 115.42.

(c, d, e): YDC reported having zero transgender inmates within the last 12 months. During interviews with staff, they did state they would consider where transgender and intersex inmates are assigned, and they always take the inmate’s health and safety into consideration when determining this placement. Provisions would be made to ensure that transgender and intersex inmates’ views are taken into consideration, with the main goal of placing the inmate to ensure sexual safety, as well as to ensure placement does not present management or security problems. Auditors were able to confirm there is a process in place that would ensure proper placement and programming for transgender and intersex inmates is reassessed at least twice yearly if they did reside at YDC for longer than a year, which is not normally the case due to YDC being in pre-trial status. YDC’s facility’s directive 124.0000, along with Case Manager interviews and documentation reviewed, confirm the process would take place.

(f): As observed during the tour, all showers in YDC are single cell, secluded and provide more than adequate coverage. All inmates interviewed stated that the showers available provided them with privacy, as was also witnessed by the auditor. In addition, the showers are placed in the housing unit so that staff cannot observe the inmate showering but can view the showers to ensure safety of all inmates.

(g): After reviewing documentation and conducting interviews with staff and inmates it was evident that inmates are not placed in specific facilities or units based solely on the identification of being lesbian, gay, bisexual, transgender, or intersex. Placement of inmates is assigned based on overall needs, and safety and security of the inmate using the standardized risk assessment screening.

## **Standard 115.43: Protective Custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.43 (a)**

- 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 ☐ No

- 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 ☐ No

#### 115.43 (b)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- 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 ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- 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 ☐ No
- 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 ☐ No



#### 115.43 (e)

- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOC.100.0002 Case Management Manual states that 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.

YDC does not have protective custody, if there was ever a need for protective custody, the prisoner would be relocated to an area to properly manage the individual.

## REPORTING

### Standard 115.51: Inmate reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.51 (b)

- 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 ☐ No



- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) Maryland DPSCS Executive Directives OPS.050.0001 section 5(E) and OPS.200.0005, section 5(E), state that a complaint may be submitted by the victim, an individual with knowledge of an incident of sexual misconduct, or a "third party" on behalf of the victim. The complaint may be submitted in writing or verbally and may remain anonymous. An individual may file a complaint of sexual misconduct, without the regard to chain of command with an employee; a supervisor manager or shift commander; the head of a unit; the Intelligence and Investigative Unit (IID); the resident grievance office. The MDPSCS Detainee/Resident Handbook (2017) informs residents that they should report if they become a victim of sexual misconduct and instructs them that they can tell any correctional officer, case manager, Chaplin, medical practitioner, supervisor or any DPSCS employee. YDC is in the process of getting a Juvenile Handbook approved to provide to each inmate, along with that, there is PREA information within the guidebook, as well as phone numbers to the other support groups that may be contacted. This guidebook is in addition to the PREA pamphlet that is handed to each inmate during intake along with the MCASA pamphlet that explains outside services.

(b) MDPSCS Executive Directives OPS.0560.0001, section 5(E) and OPS.200.0005, section 5(E) allows for a complaint to be filed outside of the department with the Office of Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department. The MDPSCS has established a PREA Hotline which is used to report incidents of resident on resident or staff on resident sexual misconduct and harassment, related retaliation or staff neglect. The hotline is monitored through Life Crisis Center Inc., which is a vendor contracted with the MDPSCS. Procedures were established December 2, 2013 detailing how the hotline will be monitored and ensures that all PREA related calls are documented and information is forwarded to the Internal Investigation Unit. The hotline number and information is posted in both English and Spanish. The facility had "PREA HOTLINE 410-585-3177" painted in all areas throughout the facility as well as posters. Being a adult facility housing juveniles, they also had Juvenile PREA Hotline posted with the phone number 410-749-6060 listed. The auditor attempted to call the number from an inmate phone and the number was functioning properly and was answered by the Life Crisis Center. During the interview with the facility PCM, she also confirmed the operation of the PREA Hotline and that the information is reported back to the facility head and IID for investigation. She also indicated the information remains confidential and is contained to only the staff necessary to complete an investigation.

(c) MDPSCS Executive Directives OPS.050.0001 section 5(E) and OPS.200.0005, section 5(E) allows for staff to accept reports in writing, verbally and from third parties and requires that staff shall immediately report the complaint to a supervisor, manager, shift commander or head of a unit followed by submission of the appropriate written format used to document an resident rule violation. The directive also requires that the information concerning the complaint is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation and resolution of the alleged conduct.

(d) MDPSCS Executive Directives OPS.050.0001, section 5(F) and OPS.200.0005, section 5(E) indicate staff have an obligation to immediately report the complaint to a supervisor, manager, shift commander or head of the facility. The same directive indicates the complaint filed is confidential and may be filed anonymously as well.

During interviews with staff it was indicated that they could privately report sexual abuse/harassment of a resident by telling their supervisor, calling the PREA hotline, or telling someone from outside the facility of what occurred. They all felt they could report such issues confidentially. Staff reported that residents could privately report sexual abuse/harassment by calling the posted PREA hotline, telling any staff member either in writing or verbally or tell a third party who could then report it. Staff indicated that if they received a report of sexual abuse/harassment they would immediately report and document it.

All residents interviewed reported feeling safe from sexual abuse/harassment at YDC and knew how to report abuse or harassment if needed. inmates indicated they could report sexual abuse/harassment by calling the PREA hotline that is posted by the telephones, they could tell a staff member or a family member and believed they could do so verbally or in writing. The PREA hotline number was painted above all the inmate phones as well as throughout the facility. The auditor called the PREA hotline in one of the housing units and found the hotline to be in working order.

## **Standard 115.52: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

**115.52 (b)**

- 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

**115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

**115.52 (d)**

- 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ 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.) ☒ Yes ☐ No ☐ NA

**115.52 (e)**

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
☒ Yes   ☐ No   ☐ 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.) ☒ Yes   ☐ No   ☐ 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.)  
☒ Yes   ☐ No   ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes   ☐ No   ☐ 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.)  
☒ Yes   ☐ No   ☐ 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.) ☒ Yes   ☐ No   ☐ 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.)  
☒ Yes   ☐ No   ☐ 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.) ☒ Yes   ☐ No   ☐ 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.) ☒ Yes   ☐ No   ☐ 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.) ☒ Yes   ☐ No   ☐ NA

#### 115.52 (g)

- 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.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The Maryland DPSCS does not have administrative procedures to address resident grievances regarding sexual abuse and are therefore exempt from this standard.

MDPSCS Executive Directive OPS.185.002, effective date December 12, 2014, section 03-Policy C states that the Department does not permit the use of an informal resolution process or Administrative Remedy Procedure (ARP) to resolve complaints of rape, sexual assault, sexual harassment, sexual abuse sexual misconduct, resident on resident sexual conduct or other areas afforded protections by standards under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures. Section 05-Responsibility/Procedures, (F) states that an resident may not seek to resolve a complaint through the ARP for issues that include (#5) rape, sexual assault, sexual harassment, sexual abuse, sexual misconduct, resident on resident sexual conduct or other areas afforded protection by standards established under the authority of the Prison Rape Elimination Act (PREA) and related Department procedures, which shall be addressed according to Department procedures for reporting, investigating, resolving and documenting PREA related incidents.

## Standard 115.53: Inmate access to outside confidential support services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.53 (a)

- 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 ☐ No
- 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? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.53 (b)

- 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 ☐ No

#### 115.53 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) Maryland DPSCS Executive Directive OPS.050.0001, section 5-Responsibility/Procedures G(3)(b) states if requested by the victim and the services are reasonably available, have one of the following, for the purpose of support, for 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; a non-department community-based organization representative who meets the criteria for a department employee established under section .05G(3)(b)(ii).

The facility PREA Manager indicated that the facility contracts with MCASA, which provides support services to the entire State of Maryland.

(b): The facility will be providing inmates with copies of the YDC Juvenile Handbook once approved upon arrival at the facility. The guidebook has listed the reporting options for inmates as well as the contact information to make such reports. The guidebook does indicate that inmates have the option of reporting anonymously. This guidebook will be and the MCASA pamphlet available in the library of the facility.

Each inmate also receives a copy of the PREA pamphlet and MCASA pamphlet during the intake process as well as during the initial meeting with the Case Manager while being orientated.

(c): The agency and facility provided the auditor with a copy of the current contract with MCASA. MCASA is a federally recognized state sexual assault coalition and its core members are the state's 17 rape crisis and recovery centers. MCASA provides policy advocacy, technical assistance, training outreach and prevention. The agency provided documentation showing an agreement with MCASA to provide support services.

Interviews of staff and inmates all support that the facility has provided contact information for MCASA.

## Standard 115.54: Third-party reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) Maryland DPSCS Executive Directives OPS. 050.0001, section 5(E) and OPS.200.0005, section 5(E) state that a complaint may be submitted by a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct. The agency supplied a copy of the webpage from their agency website that had all the necessary PREA information as well as the agency PREA Coordinator contact information for reporting purposes. The auditor personally went to the department's webpage and was able to easily navigate to the necessary information on their website.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties



## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.61 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

### 115.61 (b)

- 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 ☐ No

### 115.61 (c)

- 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 ☐ No
- 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 ☐ No

### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

### 115.61 (e)

- 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 ☐ No

## Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)



☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a)(c) Executive Directive OPS.050.0001 under section .04, subsection 6(a) defines the term employee as to include paid staff, contractors, interns, and volunteers. Section .05, subsection E(5) states filing a complaint stipulates that employees receiving a complaint or otherwise has knowledge of alleged sexual misconduct shall immediately report the complaint to a supervisor or manager, shift commander or head of the unit, followed by the appropriate written format used to document misconduct. Section E(6) states that if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander or head of the unit at a facility, other than the facility where the alleged sexual misconduct occurred, the head of the unit responsible for the facility receiving the complaint shall immediately notify the Intelligence and Investigative Unit (IID).

Corizon Health Y-B-05.00 Federal Sexual Abuse Regulations and Y-B-06.00 Response to Sexual Abuse outlines the procedure that will be taken by Corizon in the event of treating a victim of sexual assault will ensure that victims of sexual assault receive prompt and appropriate medical intervention. The guideline goes on to state the facility has written policies and procedures regarding the detection, prevention, reduction, and punishment of rape consistent with federal law; a consent must be obtained for prior victimization/abuse not occurring in an institutional setting or for an occurrence that happened under the age of 18; all reports of sexual abuse/victimization occurring within the institution will be immediately reported to the facility; Corizon Health requires that an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to DPSCS procedure.

The Executive Directive does indicate that information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged inmate on inmate sexual conduct and immediate and continued care of the victim.

Interviews with both medical and mental health staff both indicated that they do in fact go over informed consent with each inmate receiving treatment from either medical or mental health services. They provide the inmate with an informed consent form in which the information is provided and the inmate is requested to sign. Both were aware that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the facility upon learning of it. Mental health staff indicated that they have not had an instance of such an event. Medical staff also indicated they have not had instances of abuse being reported.

(b) MDPSCS Executive Directive OPS.050.0001 section E(8) states information concerning a complaint of alleged 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 sexual misconduct and immediate and continued care of the victim.

(d) Section .05 G(1) requires that IID investigators comply with all state laws when conducting investigations; Maryland Family Law 5-704 requires notification to social services by law enforcement agencies of any abuse or neglect. The law covers all applicable reporting requirements, including the mandatory reporting requirements if the individual is under the age of 18. The facility only houses youthful

inmates under the age of 18. However, during the audit, and since the facility has been operating over the last couple of years, there have been no instances of any reported abuse.

During the interview with the Facility Administrator, she indicated that they only house inmates under the age of 18 and that they would report to mental health and medical for necessary treatment, as well as complete an investigation of the allegations or ensure the appropriate authorities were made aware if they had an allegation.

The agency PREA Coordinator indicated that they have never had an incident of this nature.

(e) Section F(1) states that a complaint of alleged sexual misconduct received anonymously shall be accepted and processed the same as a complaint received from an identified source. Section E, subsection 1(c) states a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct.

The Facility Administrator indicated during her interview that all allegations of sexual abuse and sexual harassment are referred for investigation once received by the facility regardless of how they are reported.

All staff interviewed through the random interview process indicated that they were fully aware of their requirements to report all instances of sexual abuse or harassment; this includes Corizon health care staff, who all indicated they were aware of their reporting requirements.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- 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 ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) Maryland DPSCS Executive Directive COS.200.0005, section C, subsection 1(a) states when making decisions related to housing, bed, work, education, and program assignments with the goal of separating residents 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.

MDPSCS Case Management Manual – page 103 of 148 – Special Confinement Housing, page 108 of 148 specifically addresses Protective Custody in 1-8.

Executive Directive – Sexual Misconduct Prohibited OPS.050.0001 – section B(3) states an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: a medical mental health counseling, change in assignment and staff work assignments and, continued monitoring as deemed appropriate. Section D, (1) thru (4) states a supervisor, manager, or shift commander shall: (1) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: randomly on all shifts, prevention of cross gender viewing, at a frequency established by the managing official. (2) If aware of an act of alleged sexual misconduct, ensure that a complaint is immediately filed according to established procedures for reporting misconduct; (3) If applicable, ensure that appropriately trained employees take action to preserve the scene and any evidence related to an alleged incident of sexual misconduct; and (4) Ensure the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes: (a) Immediately stopping an incident in progress; (b) If applicable, immediate medical attention; (c) Appropriate action to provide immediate and continued personal protection; (d) Referral for medical and mental health care follow-up; and (e) Non-medical or mental health related counseling and support services.

Executive Directive Inmate on Inmate Sexual Conduct – Prohibited OPS.200.0005 – Section B(3) The head of a unit, or a designee, is responsible for ensuring that: An individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged inmate on inmate sexual conduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: (a) Provision of available medical or mental health services or counseling; (b) Changes to inmate housing assignments and staff work assignments; and (c) Continued monitoring as deemed appropriate. Section D states a supervisor, manager, or shift commander shall: (1) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate on inmate sexual conduct; (4) Ensure the safety of a victim of inmate on inmate sexual conduct, through a coordinated response to a complaint of inmate on inmate sexual conduct that includes: (a) Immediately stopping an incident in progress; (b) If applicable, immediate medical attention; (c) Appropriate action to provide immediate and continued personal protection; (d) Referral for medical and mental health care follow up; and (e) Non-medical or mental health related counseling and support services. Section F states, processing a complaint (3)a(ii) A supervisor, manager, shift commander, or unit head receiving a complaint under §.05E or .05F(2) of this directive shall immediately: (ii) Safeguard the victim from further harm.

Executive Directive Assessment for Risk of Sexual Victimization and Abusiveness OSPA.200.0005 – under inmates protected as a result of screening, Section C(1)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. (b) When making individualized determinations as how to ensure the safety of each inmate. (c) When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by case basis,

determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems. (2) Placement and programming assignments for each transgender or intersex inmate shall be re-assessed at least twice each year to review threats to safety experienced by the inmate. (3) A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered.

The facility supplied the PREA Intake Screening questions 1-18 as well as the instructions for PREA Intake Screening Instrument.

Interviews with the Facility Administrator, Agency Head, and random staff all indicate that any time a staff member becomes aware that a inmate is at risk of imminent sexual abuse they will remove the inmate from the situation and protect them by following all the applicable procedures.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- 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 ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) Maryland DPSCS Executive Directives OPS.050.0001, section 5(E)(6) and OPS.200.0005, section 5(E)(6) states, if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of the unit at a facility other than the facility where the alleged sexual misconduct occurred, the facility head is required to make notification to the head of the facility where the abuse occurred. A Notice of Incident form is used to document the notification. MDPSCS and YDC reported no instances that required facility head notification. If the facility where the alleged sexual misconduct occurred is not a Department facility, the facility head will notify the official responsible for the facility where the alleged misconduct occurred and document the notification

Executive Directives indicates that the Warden is responsible for ensuring that a reported allegation which occurred at another facility is reported to the head or appropriate office of the agency where the alleged abuse occurred, and that the notification must occur no later than 72 hours after receiving the allegation and must be documented.

(b) The same section of the directive indicates the notification will be made immediately upon receiving the complaint. Immediately does not indicate it will be done within 72 hours. Immediately would be by definition sooner than 72 hours. The facility has had no instances of reports being made about allegations at another facility. By the definition this provision of this standard is met, short of having documentation to indicate that notice was not made within 72 hours.

(c) Section 7(a) and (b) both indicate that the facility will make the notification and document the notification.

(d) Executive Directive OPS.050.0001, section .05G Investigating, Documenting, and Resolving a Complaint states in subsection (1) 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 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 and witnesses; (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.

## **Standard 115.64: Staff first responder duties**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.64 (a)**

- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No

#### 115.64 (b)

- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a)(b) Maryland DPSCS Executive Directive OPS.050.0001 and OPS.200.0005 specifically indicate what first responder duties are, which includes non-security staff. Directive 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. (b) if the circumstances are such that there is evidence to preserve: (i) Preserve the scene of the incident; (ii) ensure the victim is advised not to do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and (iii) ensure the alleged abuser does not do anything that would contaminate or destroy physical evidence such as, bathing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. The Directive also includes language for non-security staff, which states: If the first employee responding to an incident of sexual misconduct is not a correctional officer, that employee shall: (a) immediately request that a correctional officer respond to the scene; and (b) perform duties identified under §§.05D (2) (a) and (b) of this directive for which the employee is officially qualified or authorized to perform. The PREA In-Service training module for staff, also submitted, coincides with these updates.

The agency also provided the Corizon Health Y-B-05.00 Federal Sexual Abuse Regulations and Y-B-06.00 Response to Sexual Abuse. This document outlines the procedure that will be taken by Corizon in the event of treating a victim of sexual assault.

Even though the standard does not require a policy be developed, all staff interviewed showed proficiency of this standard as demonstrated through their answers to the questions of being a first responder. All were able to articulate what they would do as a first responder and followed the requirements of the standard.

The facility reported in the PAQ that they had zero reports of sexual abuse in the last 12 months.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agency provided Executive Directive – Sexual Misconduct – Prohibited OPS.050.0001 and, Executive Directive - Resident on Resident Sexual Conduct – Prohibited OPS.200.0005. Both explain the process of processing a complaint, investigating a complaint, providing medical and mental health care as well as what facility and agency leadership's roles are in the process. These procedures are an institutional plan that supports compliance with this standard.

As supporting documentation, the agency submitted a Resident Sexual Assault Allegation Decision Tree for Medical Decisions. This decision tree shows the steps taken by medical staff when receiving and allegation of sexual assault.

The Facility Administrator indicated during her interview that YDC staff are trained on how to initially respond to incidents of sexual abuse/harassment and will take appropriate actions. She also indicated that staff all have PREA cards that they carry and are part of their uniform inspection. These PREA cards have a list of first responder duties as they relate to sexual abuse incidents.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits 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 ☐ No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a)(b) The Agency provided AFSCME Teamsters MOU Unit H Page 3, Article 3 - Management Rights which shows confirmation of management rights within the labor agreement and stipulates that the Employer possesses all other power, duty and right to operate and manage its departments, agencies and programs and carry out constitutional, statutory and administrative policy mandates and goals.

Also submitted was Maryland State Personnel and Pension 3-302 Management Rights -stipulating management's rights as provided by law. 1 through 8 of this document specifically states 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.

During the interview with Agency Head, it was indicated that Maryland law requires that management retain all basic rights and that it would not be legal to bargain such responsibilities away. This is outlined in Maryland law (COMAR: Code of Maryland).

Nothing in either of the provided documents conflict with standards 115.72 or 115.76.



## Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.67 (a)

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

### 115.67 (b)

- 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 ☐ No

### 115.67 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
☒ Yes ☐ No

#### 115.67 (e)

- 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 ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Agency provided IIU.110.0011 Investigating Sex Related Offenses, Executive Directive – Sexual Misconduct- Prohibited OPS.050.0001

(a) IIU.110.0011 Investigating Sex Related Offenses page 2 under Definitions, (6) Retaliation - defines what retaliation means and offers other scenarios that could be perceived as retaliation. Executive Directive – Sexual Misconduct - Prohibited OPS.050.0001 page 3, (9) under .04 Definitions also defines what retaliation is and offers other scenarios that could be perceived as retaliation. Executive Directive – Sexual Misconduct- Prohibited OPS.050.0001 page 6 helps support sections A, C and E of this standard. All the above referenced directives indicate that it is either the agency head or the investigator to ensure that retaliation does not take place and is monitored.

(b) Executive Directive IIU.110.0011 Investigating Sex Related Offenses, section .05H(1)(c) and .05H(5)(g) specifically prohibits retaliation against victims or other individuals related to an incident of sexual abuse after determining if an individual has been the target of retaliation. During the interview with Samantha Barrett, Special Assistant to Deputy Secretary, John Michael Zeigler, she indicated those making allegations are separated from the alleged abuser. The Warden or Security Chief are charged with ensuring that retaliation does not occur within his/her facility at any time.

(c)(e) Executive Directive – Sexual Misconduct- Prohibited OPS.050.0001 section .05B(3)(a-b) indicates that an individual, staff or resident, reporting, participating in the investigation or resolution of, or who is the victim of alleged sexual misconduct is monitored for 90 days against retaliation and if retaliation is detected will take action which may include, application of available medical or mental health services or counseling; changes to resident housing assignments and staff work assignments; and continued monitoring as deemed appropriate. Both the agency head and facility head, during their respective interviews, indicated that they would reassign, transfer or move the individual and start an investigation. The agency uses a Retaliation Monitoring form that covers all the elements of what is required to be monitored.

(d) Executive Directive – Sexual Misconduct- Prohibited OPS.050.0001 section .05B(3)(c) does address continued monitoring as deemed appropriate, however it does not state that the agency will conduct periodic status checks.

(f) No documentation provided indicated that the agency shall terminate monitoring if the agency determines that the allegation is unfounded.

In the PAQ, the facility reported zero instances of retaliation in the past 12 months. The facility was asked to provide the method in which they would document the retaliation monitoring, if any, had been reported and they indicated that they would assign the facility captain to ensure that monitoring would be completed and that the monitoring forms would be utilized and turned in once completed.

## Standard 115.68: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.68 (a)

- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

Maryland DPSCS Case Management Manual DOC.100.0002, Section 18 “Special Confinement Housing” Section E(1) indicates that Protective custody housing is appropriate only when required for the protection of the resident. 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 resident to a different housing unit within the facility;
- (b) A lateral transfer of the resident to another facility of the same security level;
- (c) Transfer of the resident’s documented enemy or enemies to another facility;
- (d) Transfer of the resident 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).

If protective custody housing is utilized or recommended by the case management team the supporting rationale shall be documented on a Case Management Assignment Sheet. The resident shall be initially reviewed upon arrival at the protective custody facility.

As with standard 115.43 where residents who are at high risk for sexual victimization, residents who have allegedly suffered sexual abuse fall under the same provisions as does 115.43. The agency’s processes and documentation support compliance with this standard as it did for 1153.43.

The interview with the Facility Administrator indicated they would separate the victim from the perpetrator and that they would change their housing or transfer them to an alternate facility to separate and protect the inmate. YDC does not have segregation cells.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.71 (a)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

**115.71 (b)**

- 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 ☐ No

**115.71 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

**115.71 (d)**

- 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 ☐ No

**115.71 (e)**

- 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 ☐ No
- 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 ☐ No

**115.71 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

**115.71 (g)**

- 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 ☐ No

**115.71 (h)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
☒ Yes ☐ No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
☒ Yes ☐ No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) Maryland Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual restates the language of provision 115.71(a) verbatim and uses the term “Department” in place of the term “Agency.” The 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.”

Agency policy Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited and OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05G(1)(a)-(f) 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.”

Upon interviewing IID Detective Angel Thompson, she indicated once an allegation is received at IID it is documented and a case number issued. It is then reviewed and assigned. An investigation is generally initiated within 24 hours of receiving the allegation but may be a few days, 7 at most, depending on the severity of the allegation and the caseload of the detective. If an inmate were sent to the hospital for a forensic exam, then a detective would be present at the hospital to initiate the investigation.

Agency policy Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited states a complaint of alleged sexual misconduct may be submitted by a third-party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct. The agency indicated there have been no allegations received from a third-party regarding sexual abuse or sexual harassment. YDC reported zero cases of reported sexual abuse or harassment have been received. While there were no reported allegations, staff interviewed appeared to be well prepared and knowledgeable if or when an allegation is received.

To determine agency compliance with this standard, as there were no reported cases at YDC, other investigations of sexual abuse allegations were reviewed that were not from YDC. These investigations were conducted by IID staff. One allegation was reported on August 1, 2018 and appears that all initial response steps were taken, including notification to IID.

Policy exists that guides the conduct of investigations. Agency investigation documentation indicates that investigations are conducted timely, thoroughly, and objectively. Investigator responses indicate that investigations are handled in accordance with provision 115.71(a).

Based on the above, the facility has demonstrated compliance with 115.71(a).

(b) The Maryland Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual reiterates the language of provision 115.71(b) verbatim. The 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.” Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited and Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05G(2) 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.” Executive Directive IIU.110.0011 Investigating Sex Related Offenses 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.” Collectively, these policies guide facility practice regarding criminal and administrative agency investigations.

The IID initially handles all allegations of sexual abuse and sexual harassment. IID has jurisdiction over both administrative and criminal investigations. IID investigators are generally all detectives and former police officers with experience in conducting investigations prior to being hired as IIU investigators. Additionally, IID investigators are required to meet training standards in order to maintain law enforcement certification in the State of Maryland. PREA Coordinator, David Wolinski, provided a printout

of all the IID investigative detectives who have completed the required investigative training regarding allegations of sexual abuse and sexual harassment. The IID investigator interviewed stated they continuously have training on PREA and responding to sexual abuse incidents. The training covers policy, scene preservation, initial response, evidence collection, witness and offender interviews. Of the investigations that were reviewed, no training records could be provided that proved one of the investigators had received any specialized training to conduct PREA investigations. In addition, during the interview, the IID Detective indicated that not all investigations are conducted by the IID and that, depending on the severity of the allegation, some of them may be forwarded back to the facility to conduct the investigation. No staff at YDC have been trained to conduct PREA investigations.

Based upon this review, the agency is **not** in compliance with this portion of the standard.

(c) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual reiterates the language of provision 115.71(c). The manual states, “Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”

Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited and Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05G(1)(a)-(f) 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.” Executive Directive IIU.110.0011 Investigating Sex Related Offenses section .05D addresses investigator responsibilities including interviews and the collection and preservation of evidence. Collectively, these policies guide facility practice regarding criminal and administrative agency investigations.

Facility staff are trained to secure the area an alleged assault occurred until IID staff arrive to process the area as a crime scene. During this time, access to the scene is limited and documented who entered and why. Detective Thompson stated IID staff will process the area for any physical evidence, including DNA. They will review reports and begin conducting interviews with the victims(s), perpetrator(s) and any witness, as well as collect any other evidence (videos, photographs, medical records) to ensure a thorough investigation is completed. Additionally, DPSCS policy requires alleged victims to be sent to a local hospital for a forensic exam to be conducted by SANE/SAFE certified staff.

Policy is in place regarding the collection and preservation of evidence. Likewise, there is also policy regarding the collection of physical and DNA evidence. The facility did not report any cases where a forensic exam was conducted to collect DNA evidence. However, investigative documents do demonstrate that evidence is collected in accordance with the standard.

Based on the above, the facility/agency has demonstrated compliance with 115.71(c).

(d) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual reiterates the language of provision 115.71(d). The 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.” Executive Directive IIU.110.0011 Investigating Sex Related Offenses section .05H (6) states, “If appropriate, work with the prosecutor to develop the case for criminal prosecution.” Collectively, these policies guide facility practice regarding criminal and administrative agency investigations.

IID staff indicated during interviews, that whenever a complaint contains potentially criminal allegations, Miranda and Garrity are implemented appropriately in order to ensure the information gathered during the investigation does not jeopardize a criminal investigation. They also have a good working relationship with the prosecutor’s office.

Based on the above, the facility has demonstrated compliance with 115.71(d).

(e) Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual reiterates the language of provision 115.71(e). The manual states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.”

Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited and Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05G (6) 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. Executive Directive IIU.110.0011 Investigating Sex Related Offenses 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.” Collectively, these policies guide facility practice regarding criminal and administrative agency investigations.

IID Detective Thompson indicated during the interview that the credibility of all involved in an investigation is based upon the facts of the investigation and not upon the status of the individual as an inmate or employee. Detective Thompson also indicated that an inmate is not required to submit to a polygraph examination as a condition for proceeding with the investigation.

Based on the above, the facility has demonstrated compliance with 115.71(e).

(f) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.71(f) verbatim. The manual states, “Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.” Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited and Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05G (4) 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.

Executive Directive IIU.110.0011 Investigating Sex Related Offenses 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." Collectively, these policies guide facility practice regarding criminal and administrative agency investigations.

IID Detective Thompson articulated during his interview that all aspects of an allegation are considered and documented during an investigation. This includes whether or not staff actions or inactions were the possible cause of an incident. The reports reviewed during the audit include 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 agency does document investigations in accordance with the standard.

Based on the above, the facility has demonstrated compliance with 115.71(f).

(g) The Maryland DPSCS conducts both administrative and criminal investigations. Therefore, the requirements outlined above in section (f) of this standard apply here as well. 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. The IID investigator reported that IID is the entity that refers investigations to the state's attorney office. Agency policy requires the referral of substantiated allegations of conduct that appears to be criminal for prosecution. None of the investigations reviewed were substantiated; therefore, none of the investigations resulted in referral for prosecution.

Based on the above, the facility has demonstrated compliance with 115.71(g).

(h) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.71(h) verbatim. The manual states, "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution." Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited and Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05G(4)(a) 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;" with regard to referral for prosecution. Executive Directive IIU.110.0011 Investigating Sex Related Offenses section .05H (6) states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution." Collectively, these policies guide facility practice regarding criminal and administrative agency investigations.

IID staff conduct criminal investigations of any allegation that appears to be criminal. Any criminal allegation that is substantiated is then referred for prosecution. This was verified during the formal interview with IID Detective Thompson.

Based on the above, the facility has demonstrated compliance with 115.71(h).

(i) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.71(i) verbatim and uses the term “Department” in place of the term “Agency.” The manual states, “The Department shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.”

Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited and Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05G(4)(e) 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. Collectively, these policies guide facility practice regarding criminal and administrative agency investigations.

All investigative reports are retained electronically within the IID. Historical reports were provided and reviewed during the audit. Documentation demonstrates files are being tracked and retained in accordance with agency policy.

Based on the above, the facility has demonstrated compliance with 115.71(i).

(j) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.71(j) verbatim and uses the term “Department” in place of the term “Agency.” The manual states, “The departure of the alleged abuser or victim from the employment or control of the facility or the Department shall not provide a basis for terminating an investigation.”

Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited and Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05G (5) 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. Likewise, the departure of the victim of sexual misconduct from the from the Department is not a basis for terminating an investigation of alleged sexual misconduct or alleged inmate on inmate sexual conduct. Collectively, these policies guide facility practice regarding criminal and administrative agency investigations.

Investigator interviews indicate that, once initiated, investigations will proceed until completion. Agency policy requires that investigations continue regardless of the alleged abuser’s employment status. Documentation demonstrates that investigations are being tracked until completion.

Based on the above, the facility has demonstrated compliance with 115.71(j).

(k) This state agency has addressed the requirements as outlined in this report.

(l) No outside agencies conduct investigations on behalf of the agency. Therefore, this portion of the standard is not applicable.

#### **Corrective Action Plan:**

The Agency shall ensure that all investigations are conducted by staff who have completed specialized training on sexual abuse allegations. To ensure there are no longer violations in this area, DPSCS will

need to provide training records to the audit team indicating that all staff conducting investigations have been trained.

**Corrective Action:**

Updated training records provided during the Corrective Action Period, verify that all IID staff have been properly trained to conduct sexual abuse investigations. The agency has now demonstrated compliance with all sections of this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.72 (a)

- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.72(a) verbatim and uses the term “Department” in place of the term “Agency.” The manual states, “The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” Executive Directive IIU.110.0011 Investigating Sex Related Offenses 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.” Collectively, these policies guide facility practice regarding criminal and administrative agency investigations.

Although the agency conducts primarily criminal investigations into allegations of sexual abuse, it has demonstrated through employee interviews, provided investigative reports, and within agency policy that it utilizes the standard of preponderance of the evidence in making determinations about investigative outcomes.

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.73 (a)**

- 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 ☐ No

**115.73 (b)**

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

**115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

**115.73 (d)**

- 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 ☐ No
- 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 ☐ No

### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.73(a) verbatim and uses the term “Department” in place of the term “Agency.” The manual states, “Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in the Department facility, the Department shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”

Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited section .05H(1) states, “When notified by an investigator under §.05G(4)(c) of this directive, if the allegation was sexual abuse, the head of the unit responsible for the victim inmate shall ensure that the victim inmate is notified of the investigator’s determination that the allegation was substantiated, unsubstantiated, or unfounded.”

Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section.05H(1) regarding victim notification states, “When notified by an investigator under §.05G(4)(c) of this directive, if the allegation of inmate on inmate sexual conduct included sexual abuse, the head of the unit responsible for the victim inmate shall ensure that the victim inmate is notified of the investigator’s determination that the allegation was substantiated, unsubstantiated, or unfounded.”

Executive Directive IIU.110.0011 Investigating Sex Related Offenses section .05H requires the inmate victim to be notified when the investigation is determined to be substantiated, unsubstantiated, or unfounded. Collectively, these policies guide facility practice with regard to reporting to inmates.

While IID Detective Thompson indicated that inmates are notified of the outcome of investigations, no proof was provided showing that the inmates who alleged sexual abuse were ever notified of the outcome of the investigations reviewed for this audit.

Based upon this review, the agency is **not** in compliance with this portion of the standard.

(b): The agency conducts its own investigations; therefore, this section of the standard does not apply.

(c): The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.73(c) verbatim and uses the term “Department” in place of

the term “Agency.” The manual states, “Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the Department shall subsequently inform the inmate unless the Department has determined that the allegation is unfounded whenever: (1) The staff member is no longer posted within the inmate’s unit; (2) The staff member is no longer employed at the facility; (3) The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”

Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited section .05H(2) states, “Except when an allegation of sexual abuse is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the inmate is under the authority of the Department, ensure that the inmate is notified of the following situations concerning the employee who victimized or is alleged to have victimized the inmate: (a) The employee is no longer assigned to the inmate’s housing unit; (b) The employee is no longer assigned at the inmate’s facility; (c) If aware, the employee is criminally charged for an offense related to the sexual abuse that occurred within the facility; and (d) If aware, the employee is convicted on a charge related to the sexual abuse that occurred within the facility.” Collectively, these policies guide facility practice regarding reporting to inmates.

(d): The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.73(d) verbatim and uses the term “Department” in place of the term “Agency.” The manual states, “Following an inmate’s allegation that he or she has been sexually abused by another inmate, the Department shall subsequently inform the alleged victim whenever: (1) The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05H(1) regarding victim notification states, “Except when an allegation of inmate on inmate sexual conduct is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the victim inmate is under the authority of the Department, ensure that the victim inmate is notified of the following situations concerning the inmate who sexually abused or is alleged to have sexually abused the victim inmate: (a) If aware, the accused inmate is in any way charged with a crime related to the sexual abuse that occurred within the facility; and (b) If aware, the accused inmate is convicted on a charge related to the sexual abuse that occurred within the facility.” Collectively, these policies guide facility practice regarding reporting to inmates.

The agency has indicated there were no instances of (c) and (d) occurring within the last 12 months requiring such notification; therefore, the facility/agency is compliant these sections of the standard.

(e): The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.73(e) verbatim. The manual states, “All such notifications or attempted notifications shall be documented.” Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited and Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05H(3) regarding victim notification states, “A record of a notification made under §§.05H(1) and (2) of this directive shall be maintained in the victim inmate’s base file and include the following information: (a) Case number; (b) Content of the notification; (c) Date of the notification; (d) Location where the notification was made; (e) Printed name and signature of the employee making the notification;

and (f) The inmate's signature acknowledging notification or, if the inmate refuses to sign for the notification, "Refused to Sign" and the employee's signature."

Executive Directive IIU.110.0011 Investigating Sex Related Offenses section .05H(3) states, "The investigator shall document victim notification under §.05H(2) of this directive in the investigative report recording: (a) The name of the individual who notified the victim; (b) The date, time, and location that the victim was notified; and (c) How the victim was notified." Collectively, these policies guide facility practice regarding reporting to inmates.

No documentation was provided that could show the inmates who reported sexual abuse in the investigations reviewed were notified. Based upon this review, the agency is not in compliance with this portion of the standard.

(f): The auditor is not required to audit this section.

**Corrective Action Plan:**

Maryland DPSCS will need to ensure that all inmates who report sexual abuse are notified of the investigation finding when the investigation is completed. They will also need to ensure they are notifying all inmate victims of the other notification requirements listed in the above standard. The agency will need to demonstrate how and when the inmates are notified and provide documentation proving compliance over the next 180 days by providing copies of all notification forms.

**Corrective Action:**

YDC reported no instances during the corrective action period where notifications were required. However, the agency provided documentation from other facilities showing that inmates were being notified as set forth in standard 115.73. Based on this information, the agency is now in compliance with this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.76 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

**115.76 (b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

**115.76 (c)**



- 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 ☐ No

#### 115.76 (d)

- 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 ☐ No
- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.76(a) verbatim. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited section .051(2) disciplinary sanctions for staff states, “An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department; (b) Criminal prosecution; and (c) If applicable, notification of a relevant licensing authority. Likewise, section .051(3) regarding contractors states, “A contractor determined to have committed sexual misconduct is: (a) 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; (b) Subject to sanctions according to provisions of the contract or agreement; (c) Is subject to criminal prosecution; and (d) If applicable, notification of a relevant licensing authority.” Collectively, these policies guide facility practice regarding disciplinary sanctions for staff.

Pursuant to agency policy staff are subject to disciplinary action for violating agency sexual abuse and sexual harassment policy up to and including termination from employment

(b): The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.76(b) verbatim. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited section .051(2) disciplinary sanctions for staff states, “An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department; (b) Criminal prosecution; and (c) If applicable, notification of a relevant licensing authority. Likewise, section .051(3) regarding contractors states, “A contractor determined to have committed sexual

misconduct is: (a) 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; (b) Subject to sanctions according to provisions of the contract or agreement; (c) Is subject to criminal prosecution; and (d) If applicable, notification of a relevant licensing authority.” Collectively, these policies guide facility practice regarding disciplinary sanctions for staff.

(c): The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.76(b) verbatim. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited section .05I(2) disciplinary sanctions for staff states, “An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department; (b) Criminal prosecution; and (c) If applicable, notification of a relevant licensing authority. Likewise, section .05I(3) regarding contractors states, “A contractor determined to have committed sexual misconduct is: (a) 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; (b) Subject to sanctions according to provisions of the contract or agreement; (c) Is subject to criminal prosecution; and (d) If applicable, notification of a relevant licensing authority.” Collectively, these policies guide facility practice regarding disciplinary sanctions for staff.

(d): The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.76(d) verbatim. The manual states, “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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited section .05G(1) 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 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.”

COMAR 12.11.01 Internal Investigation Division section .03A regarding scope of the IIU investigative authority states, “The Director, or a designee, shall investigate: (1) An alleged violation of criminal law committed by an employee while on duty; (2) An alleged violation of criminal law committed by an employee while off duty if that violation impacts, or has the potential to impact, negatively on the Department; (3) An alleged violation of criminal law committed by an inmate, a visitor, a nonagency employee, or another individual that may affect the safety or security of a Department facility; (4) An alleged violation of Maryland Public Ethics Law, State Government Article, Title 15, Annotated Code of Maryland, by an employee or nonagency employee; and (5) Other alleged violations that have a negative impact on the Department. B. The Director, or a designee, shall perform other duties and investigative responsibilities assigned by the Secretary.” Section regarding .06 Police Authority states, “When performing duties associated with the IID, an investigator who is certified as a police officer according to requirements under COMAR 12.04.01 may exercise the authority of a police officer under Correctional Services Article, §10-701(b) and (c), Annotated Code of Maryland.” Collectively, these policies guide facility practice regarding disciplinary sanctions for staff.

The agency indicated there were no instances of employee terminations in past 12 months. However, the agency did terminate an employee for violating agency policies related to sexual abuse and sexual harassment other than actually engaging in sexual abuse.

## Standard 115.77: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

#### 115.77 (b)

- 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 ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.77(a) verbatim. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited section .04B(6) defines an employee as any individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification. Section .05I(2) disciplinary sanctions for staff states, “An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department; (b) Criminal prosecution; and (c) If applicable, notification of a relevant licensing authority. Likewise, section .05I(3) regarding contractors states, “A contractor determined to have committed sexual misconduct is: (a) 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; (b) Subject to

sanctions according to provisions of the contract or agreement; (c) Is subject to prosecution; and (d) If applicable, notification of a relevant licensing authority.” Collectively, these policies guide facility practice regarding disciplinary sanctions for staff. COMAR 21.07.01.22 Compliance with Law regarding mandatory provision for all contracts, subsection ‘C’ states it shall comply with all federal, State, and local laws, regulations, and ordinances applicable to its activities and obligations under this contract. Collectively, these policies guide facility practice regarding corrective action for contractors and volunteers.

YDC reported no instances of contractors or volunteers being reported to law enforcement for engaging in sexual abuse of inmates. During the interview with FA Whitaker, she indicated they would investigate the allegation, remove the individual(s) during the investigation and then determine what needs to occur, up to seeking criminal charges, if necessary. While there were no instances reported at YDC, the agency did provide documentation of volunteers being prohibited to enter facilities for violations other than sexual abuse.

Based on this information, the facility/agency is in compliance with this standard.

## **Standard 115.78: Disciplinary sanctions for inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.78 (a)**

- 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 ☐ No

#### **115.78 (b)**

- 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 ☐ No

#### **115.78 (c)**

- 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 ☐ No

#### **115.78 (d)**

- 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 ☐ No

#### **115.78 (e)**

- 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 ☐ No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

#### 115.78 (g)

- 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 ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.78(a) verbatim. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05I (2) states, “An inmate: (a) Determined to have committed sexual conduct is subject to: (i) A penalty established under Inmate Disciplinary Process; and (ii) If applicable, criminal prosecution.” COMAR 12.03.01 Inmate Discipline outlines the inmate disciplinary process and sanctions related to the disciplinary process. Section .05B (1) regarding reporting an inmate rule violation states, “Upon completion of the investigation under §A of this regulation, when staff determines that an inmate allegedly violated an inmate rule or rules under this chapter, staff shall use a Notice of Inmate Rule Violation form to report the inmate rule violation.” Therefore, inmates are subject to a formal administrative process and a criminal process followed regarding inmate discipline.

YDC reported on the PAQ that there were no instances of administrative or criminal findings in the past 12 months of inmate on inmate sexual abuse.

(b) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.78(b) verbatim. COMAR 12.03.01 Inmate Discipline outlines the inmate disciplinary process and sanctions related to the disciplinary process. Agency Directive does not specifically state that discipline shall be “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.” However, the detail of the directive appears to adhere to the overall intent of the standard in the way the agency enforces rules and regulations and administers discipline.

(c) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.78(c) verbatim. COMAR 12.03.01 Inmate Discipline outlines

the inmate disciplinary process and sanctions related to the disciplinary process. Section .08D states, "Whether or not the defendant is currently under the care of mental health staff, if there is cause to believe that the defendant may not be mentally competent and is unable to participate in the inmate disciplinary process, the hearing officer shall postpone the disciplinary proceeding and the facility representative or other facility staff shall refer the defendant to the Department's mental health staff to: (1) Assess the defendant's mental health status; and (2) Determine whether the defendant is competent to participate in the disciplinary process. Section .20B(8) states, "If the defendant enters a plea of Not Competent, the hearing officer or facility representative, if designated, or facility staff shall postpone the case, if necessary, and contact the facility's mental health staff and request that staff determine whether the defendant is competent to participate in the disciplinary proceeding and whether the defendant was competent to understand and control the alleged behavior at the time of the offense.

(d) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.78(d) verbatim. Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05I(2)(b) states, "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." Collectively, these policies guide facility practice regarding disciplinary sanctions for inmates.

YDC reported no instances as reference. Mental Health staff interviewed indicated they would determine what type of follow up service may be needed, if any, and see that perpetrators are made aware of these programs. Staff indicated they do not require participation, but they would encourage.

(e) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.78(e) verbatim and uses the term "Department" in place of the term "Agency." The manual states, "The Department may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact." Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05I(2)(c) 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." Collectively, these policies guide facility practice regarding disciplinary sanctions for inmates.

YDC reported no misconducts were written in the past 12 months for any allegations investigated under PREA or against any inmate for sexual conduct with staff.

(f) The Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.78(f) verbatim. Executive Directive OPS.050.0001 Sexual Misconduct – Prohibited .05I(5) states, "A complaint of alleged sexual misconduct made in good faith based upon a reasonable belief that the alleged sexual misconduct 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 sexual misconduct." Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05I(4) 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." Collectively, these policies guide facility practice regarding disciplinary sanctions for inmates.

(g) Department of Public Safety and Correctional Services – Prison Rape Elimination Act Audit Manual states the language of provision 115.78(g) verbatim and uses the term “Department” in place of the term “Agency.” Executive Directive OPS.200.0005 Inmate on Inmate Sexual Conduct – Prohibited section .05A (1) states, “An inmate may not: Commit, participate in, support, or otherwise condone sexual conduct;” which prohibits all sexual activity between inmates. Additionally, COMAR 12.03.01 Inmate Discipline section .02 also prohibits sexual activity between inmates. Collectively, these policies guide facility practice regarding disciplinary sanctions for inmates. Per policy, the agency does prohibit all sexual activity between inmates and does discipline inmates for such activity.

YDC staff indicated that there were no instances of inmate on inmate consensual sexual conduct in the past 12 months. Staff reported that they would definitely respond to all instances as required under PREA standards and further investigate to determine if in fact it was consensual or sexual abuse.

## MEDICAL AND MENTAL CARE

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

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.81 (a)

- 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 ☐ No ☐ NA

##### 115.81 (b)

- 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 ☐ No ☐ NA

##### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

##### 115.81 (d)



- 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 ☐ No

#### 115.81 (e)

- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-c): Upon interviewing YDC Case Management staff, it was stated that during the screening process, if an inmate discloses that he/she has ever experienced sexual victimization, or ever been the perpetrator of sexual victimization, he/she is automatically referred to either Medical or Mental Health immediately upon disclosure, and the inmate would generally be seen within the same day of the report. The Case Manager stated that it is his job to screen all intake assessments and he is specifically looking for any sexual abuse victimization or perpetration. Additionally, the Case Manager stated that there have been no instances of disclosure of sexual victimization or perpetration at YDC. In further support of this standard, a review of MDPSCS Executive Directive, COS.200.0005, which states if 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 intake screening.

(b): MDPSCS Medical Intake, Chapter 1, section A, II., states that all new intakes will be screened for history of sexual assault as a victim or perpetrator, either in the community or during incarceration, and will be referred for further evaluation with Medical/Mental Health within 14 days of intake. Agency Executive Directive COS.200.0005 requires that a referral be offered to an inmate if he reveals that he has been a perpetrator or a sexual assault. During an interview with mental health staff, it was stated that if and when a referral is received for either victimization or perpetration, whether it occurred in an institutional setting or in the community, inmates would be seen by mental health staff generally within a day of receiving the referral.

(d): This portion of the standard is met agency wide as indicated by Executive Directive 200.0005.05 Responsibility, and in Executive Directive- Sexual Misconduct-Prohibited, and OPS.050.0001. In addition, the Instructions of the PREA Intake Screening Instrument were reviewed and indicate that the responses to the questions asked on the screening instrument are to be kept confidential and disseminated only to those individuals with a need to know. This was also supported during an interview



with the Classification employee who indicated that only individuals necessary are provided with the information.

(e): The DPSCS Medical Evaluations Manual states that all inmates shall be screened for prior experience of sexual abuse or perpetration of sexual abuse during prior institutionalization or in the community at the time of intake history and physical and appropriate referrals shall be made to mental health vendor as required by PREA. YDC houses only inmates under the age of 18; therefore, Medical and Mental Health practitioners are obligated to report any disclosure of sexual victimization, if an inmate were to disclose such. In addition, Medical and Mental Health staff stated that they are aware of the requirements of informed consent, and if there was an inmate who was 18 or older, who disclosed prior experience of sexual abuse or perpetration of sexual abuse during prior institutionalization or in the community, staff would use the Limits of Confidentiality form and follow the appropriate process.

## **Standard 115.82: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.82 (a)**

- 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 ☐ No

#### **115.82 (b)**

- 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 ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### **115.82 (c)**

- 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 ☐ No

#### **115.82 (d)**

- 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 ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a): During interviews, staff indicated that treatment for alleged resident victims and perpetrators will be administered immediately and at no cost to the inmate. Timely and unimpeded access to medical treatment will be provided as necessary, as a result of any incidents, at no cost to inmate victims of sexual assault. The agency and YDC has met all requirements of this standard. To further support this standard, Executive Directive, OPS.050.0001-Sexual Misconduct-Prohibited was reviewed and indicates that facility staff shall ensure the safety of the victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes, immediate medical attention and continued personal protection, referral for medical and mental health care follow-up and non-medical or mental health related counseling and support services. In addition, section F (3) (a) (iii), states that staff shall immediately arrange for emergency medical services.

(b): MDPSCS Executive Directive- Sexual Misconduct-Prohibited, OPS.050.0001, section .05F (3), states that while processing a complaint of alleged sexual misconduct, a supervisor, manager, shift commander or head of the unit, shall immediately protect the victim from further harm and arrange for emergency medical services; in addition, staff shall refer the victim for appropriate medical/mental health follow-up services. Interviews with staff first responders did show that YDC staffs were well informed with what steps are to be taken as a first responder and to protect the victim. Staff stated they would separate the victim and alleged abuser to ensure safety and the victim would be immediately transported to Mercy Medical Center.

(c-d): Staff interviews indicate medical and mental health services are provided to victims at no cost to the victim, these services include offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. In further support of this standard, MDPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault on an Inmate, was reviewed and states that all follow-up testing related to Sexually Transmitted Infections, pregnancy, HBV, and RPR shall be reviewed with the inmate and any additional testing or treatment is required within 5 business days.

All PREA related post assault follow-up clinical activities for medical and mental health must be completed, including testing and prophylactic treatment for STD's, pregnancy, HBV and RPR. With regard to section (d) of this standard, the Executive Directive OPS.200.0005, Inmate Sexual Misconduct, as well as, the Medical Evaluations Manual, Chapter 13, requires that the victim shall be offered medical treatment at no financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

**115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

**115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a-g): Interviews with staff supported that all treatment services as required by this standard are available and would be offered when necessary. The services are offered through Mercy Medical Center which is a community hospital. Staff indicated in the event that an inmate suffers any sexual abuse, follow-up services and further treatment is available, including any tests for sexually transmitted infections, pregnancy testing and pregnancy related medical services. This is also supported by agency directives and the medical manual/processes are provided to inmate victims of sexual abuse without financial cost. Staff interviews indicated that inmates would be immediately offered mental health services upon learning that the inmate is a known abuser and treatment would be offered when deemed appropriate. All requirements of this standard have been met.

In further support of this standard, Maryland DPSCS Office of Clinical Services/Inmate Health, Medical Evaluations Manual, Chapter 13-Sexual Assault on an Inmate, was reviewed and requires that inmates reporting to have been sexually assaulted shall be provided with a medical evaluation and subsequent intervention focused solely upon the injury or trauma sustained during the assault. All inmates shall be seen for medical follow-up within the first 24 hours following the initial off-site medical visit and all follow-up testing related to STI, pregnancy, HBV, and RPR shall be reviewed with the inmate and the inmate will be offered additional testing and treatment within 5 business days. Additionally, post assault follow-up clinical treatment for medical and mental health must be completed, including further testing and prophylactic treatment for STI's and pregnancy.

Also stated in the Medical Evaluations Manual in section O, both the victim and the alleged abuser shall be provided treatment services without financial cost, which exceeds the requirements of this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  
☒ Yes ☐ No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a)(b)(c)(d) Executive Directive COS.020.0027-PREA Investigations-Tracking and Review (effective March 20, 2014), section .05- Responsibility, requires that a review team, consisting of upper level facility management, shall review all sex related offenses that are investigated, unless determined to be unfounded, within 30 days after the investigation is concluded. The review team shall have input from line supervisors, investigators and medical and mental health practitioners concerning the incident. In addition, the agency's policy requires the review shall consider if the incident or allegation indicates a need for a change in policy or procedure to better prevent, detect, or respond to sexual abuse and the specific reasons by which the incident was motivated. In accordance with the agency's Directive, the review team shall also examine the location of the incident to evaluate any physical plant issues and assess staffing levels and the need for monitoring technology to determine if there are other issues that may have contributed to the incident. Section E (6) of this directive addresses the requirements for preparing a report of the findings for the Managing Official and PREA Compliance Manager which must include any identified problem areas, corrective action and recommendations. Section F of this Directive addresses the requirement for implementing the review team's recommendations or the documentation of the reasons for not adopting recommendations.

Agency Directive DCD 110-22 Reduction in Violence indicates the Division of Correction has a zero tolerance of acts or threats of violence in its facilities. This zero-tolerance policy means each and every act or threat of violence, regardless of the people involved and/or circumstances will bring forth a prompt investigation and an appropriate response to those findings. While certain behavior may lead to disciplinary sanctions, emphasis is on providing a safe and secure environment for both staff and inmates. Acts of violence will be vigorously prosecuted both administratively and criminally. The Directive states that each Warden shall establish a Reduction in Violence committee for the purpose of reviewing and identifying strategies and initiatives to reduce levels of violence in the institution. The committee shall minimally be comprised of the following members: security chief, major, intelligence officer, training coordinator, case management, social worker, psychology, sergeant, CO II and chair of Incident Assessment Team. The Warden shall review and approve any recommended actions or strategies and report monthly to the Assistant Commissioner – Security Operations via the Regional Commissioner. Facilities may conduct PREA Incident Reviews during these Reductions in Violence meetings.

YDC has had no instances where an Incident Review would be required. They did provide the audit team with a list of staff who would be assigned to the Incident Review Team. The Facility Administrator and PREA Coordinator were familiar with the requirements of the review and the Sexual Abuse Incident Review forms were on hand to document the review.

(e) There have been no incident reviews conducted at YDC, however, the blank Sexual Abuse Incident Review form also contains an area for recommendations for improvement. Facility Administrator Whitaker did indicate they would use any recommendations made to enhance security and awareness and make any other changes that were necessary to prevent sexual abuse or harassment.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### 115.87 (d)

- 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 ☐ No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a) Agency Directive OSPS.020.0027, PREA Investigations-Tracking and Review, identifies (.05-A) the department's IID as the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IID.

(b), (c), (f) Subsection B of the above listed Directive states the IID shall uniformly collect and maintain data for each reported allegation of sexual abuse at correctional facility under the authority of the



Department that, at a minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice. Subsection B-4 states by June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.

(d) Subsection C states the PREA Coordinator, or designee shall complete the following: The PREA Coordinator or a designee shall:

(1) Aggregate the incident-based sexual abuse data annually.

(2) Maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

(e) Section .03-B of this same Directive states the Department shall uniformly collect accurate data from 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.

(f) Executive Directive COS.020.0027-PREA Investigations-Tracking and Review section .03-Policy, states that the Department shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of the Department. With regard to section (a) of this standard which requires that a standardized instrument must be used to collect data for every allegation of sexual abuse, the agency's policy (section B), indicates that the IID shall develop the forms to be used for the collection of data for allegations of sexual abuse at the DPSCS correctional facilities. Section C requires that the PREA Coordinator shall aggregate the incident-based sexual abuse data annually. The DPSCS's PREA Reporting Incident-Based Data Collection requires that data collected shall be sufficient to answer all of the questions from the Bureau of Justice Statistics Survey on Sexual Violence; this document specifically lists the details of the data to be collected. Section C, also requires that the PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files and sexual abuse incident reviews.

The DPSCS's 2015 Survey of Sexual Victimization was reviewed and the survey supports that the agency has collected and aggregated the data as required by this standard and has submitted this information to the United States Department of Justice/Bureau of Justice Statistics by June 30 as required. The DPSCS PREA Annual Report has also been reviewed, which supports that the agency obtains incident-based and aggregated data from all DPSCS facilities to include Threshold which is a private Pre-Release facility contracted by DPSCS.

All sections of this standard (a-f) have been met.

Annual reports for 2013, 2014, 2015, 2016, 2017, 2018 are available on the agency website.

## **Standard 115.88: Data review for corrective action**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.88 (a)**



- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? ☒ Yes ☐ No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.88 (d)

- 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 ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

A review of the agency's most recent report revealed that several steps have been taken to comply with PREA in general. This included updates to policy, the establishment of facility PREA Compliance Managers at every facility, renovations of facilities, and entrance into a MOU for certified PREA audits.

(c) The agency's annual report is approved by the agency head. This was verified through an interview with the agency head and the agency head's signature on the report itself.

(d) There is no information contained within the agency's report that would require redacting.

Executive Directive COS.020.0027-PREA Investigations-Tracking and Review, .05-Responsibilities, requires that the data collected and aggregated is compiled into an annual report, as well as assessed by the Department to improve the effectiveness of its sexual abuse prevention, detection, and response, policies, practices and training to include identifying Department-wide problems, and facilitating corrective action. In addition, as required by section (b-d) of this standard, the above listed Executive Directive also states the annual report shall compare the current calendar year's data and activities with that available from previous years and shall be approved by the Secretary and made available to the public through the Department's public website.

This is also evidenced by review of the DPSCS PREA Annual Report, which was signed and approved by Stephen T. Moyer, Secretary of the DPSCS and was able to be found on the Department's website: (<http://dpscs.maryland.gov/prea/docs/PREA-Report-2015.pdf>).

Also, indicated in the directive listed above in section 3(f), the Department shall redact information that would present a clear and specific threat to the safety and security of a correctional facility, while indicating the nature of the redacted information.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
☒ Yes ☐ No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.89 (d)

- 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 ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a)/(b)/(c)/(d) Executive Directive COS.020.0027-PREA Investigations-Tracking and Review, 05-Responsibilities, section C, requires that the Department PREA Coordinator/Designee shall securely maintain incident-based and aggregated data ensuring only authorized personnel have access to the information. In addition, the sexual abuse data must be maintained for at least 10 years from the date received.

The agency IID conducts, collects and securely retains all data related to allegations of sexual abuse and sexual harassment occurring within the agency. The availability of the data is limited to IID staff and the agency's leadership/administration. The agency PREA Coordinator develops an annual report utilizing this data and posts it on the agency's website.

As required by the agency's Directive in section C, the collected and aggregated data must be made available to the public annually through the Department's website after redacting any information which would present a clear and specific threat to the safety and security of a correctional facility and related personal identifiers. Review of the Department's website <http://dpscs.maryland.gov/prea/index.shtml> supports that the DPSCS PREA Annual Reports are made available to the public. No personal identifiers are utilized in the report; therefore, there is no need for redaction.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

(a)-(b) The agency has a scheduled plan for one-third of all facilities to be audited in the three-year audit period.

(h) The Michigan Department of Corrections, who is in a consortium with MDPSCS, assigned PREA certified auditors to audit YDC. The auditors had access to all areas of the institution and were able to observe operations and the physical plant, as well as interview staff and inmates as required.

(i) Auditors were permitted to request and receive copies of any and all relevant documents (including electronically stored information) during all phases of the audit process.

(m) Auditors were permitted to randomly select and interview inmates and staff in private.

(n) Prior to the on-site audit, Notices were posted in order to inform inmates of the audit and the auditor contact information and address to allow inmates to contact the auditors with confidential information or correspondence in the same manner as if they were communicating with legal counsel. However, there was no correspondence received from any MDPSCS inmates. During interviews with MDPSCS inmates, they indicated that the Notice was posted and they knew they were able to send correspondence to the auditors in a confidential manner.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The auditor visited the agency website and observed final reports completed by this auditor and other consortium auditors during the second audit cycle.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Barbra A. Storey

December 19, 2019

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.