

**PREA AUDIT: AUDITOR'S SUMMARY REPORT**  
**ADULT PRISONS & JAILS**



<b>Name of facility:</b>	Baltimore City Correctional Center (BCCC)		
<b>Physical address:</b>	901 Greenmount Avenue Baltimore, MD 21201		
<b>Date report submitted:</b>	September 24, 2015		
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<b>Date of facility visit:</b>	September 10-11, 2015		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>	N/A		
<b>Telephone number:</b>	410-332-4343		
<b>The facility is:</b>	<input type="checkbox"/> Military	County	Federal
	<input type="checkbox"/> Private for profit		<b>X</b> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b>	Department of Public Safety and Correctional Services		
<b>Governing authority or parent agency: (if applicable)</b>			
<b>Physical address:</b>	300 E. Joppa Road, Towson, MD 21286		

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## AUDIT FINDINGS

### **NARRATIVE:**

A Prison Rape Elimination Act Audit of the Baltimore City Correctional Center was conducted on September 10-11, 2015 to determine compliance with the Prison Rape Elimination Act standards, which became effective August 20, 2012.

An entrance meeting was held with the following persons: Facility Administrator Christopher Smith, Assistant Warden Dionne Randolph, and Major Faison.

The auditor wishes to extend its appreciation to Facility Administrator Smith and his staff for the professionalism and hospitality they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor prior to and during the onsite portion of the audit.

The auditor would also like to recognize PREA Coordinator Rhea Harris, Special Assistant David Wolinski, and Assistant Warden/PREA Compliance Manager Dionne Randolph for their hard work and dedication to ensure the facility is compliant with all PREA standards.

After the entrance meeting the auditor was given a tour of all areas of the facility; including all general population housing units, educational classrooms, Administrative offices, control rooms, visitation, intake/case management offices, medical, the library, gymnasium, kitchen, dining room, barber shop, and the laundry rooms for each housing area. During the tour, several informal interviews were conducted with inmates and staff in the facility.

A random sample of staff interviews were conducted and a total of 28 staff were interviewed with at least one staff member interviewed from each interview category, with the exception of interviews related to educational staff who work with youthful inmates, line staff who supervise youthful inmates, and non-medical staff involved in cross-gender searches (these interview types were not applicable to this facility). There are no segregated housing areas in this facility, therefore no interviews were conducted for staff who supervise inmates in segregated housing. There were no contractors or volunteers at this facility during the site visit, no interviews were conducted with contractors or volunteers. Telephone interviews were conducted with SAFE/SANE from Mercy Hospital. Telephone interviews were also conducted with the PREA Coordinator, Agency Head, and Agency Contract Administrator. Random Staff interviews were conducted for all three shifts.

A random sample of inmate interviews were conducted and a total of 13 inmates were interviewed with at least one inmate interviewed from each interview category, with the

exception of interviews related to youthful inmates and transgender inmates (youthful inmates are not housed at this facility and at the time the audit was conducted there were no transgender inmates housed there) inmates placed in segregated housing for risk of sexual victimization (there is no segregated housing at this facility). There were no limited English or disabled inmates housed in MTC during the site visit. No inmates were in custody that had reported sexual abuse and none were in custody that had disclosed victimization during screening.

The count on the first day of the audit for the Baltimore City Correctional Center was 477. The count on the final day of the audit for Baltimore City Correctional Center was 477.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed his concerns with Warden Smith, Assistant Warden/PREA Compliance Manager Dionne Randolph, and Special Assistant David Wolinski. Through a coordinated effort by these key staff members, as well as other staff, all issues were addressed and corrected to the satisfaction of the auditor during the onsite audit.

When the audit was completed, the auditor conducted an exit briefing with Warden Oliver, Facility Administrator Smith, Assistant Warden Randolph, and Sergeant Neaves. Special Assistant Wolinski was also made aware of the details provided during the exit briefing. The auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Baltimore City Correctional Center (BCCC), built primarily of brick construction, was opened in 1984. The perimeter consists of a high wall topped with razor ribbon. A small vehicular sally port at the front of the main building is used for the receipt and transfer of inmates, and a vehicular gate to the rear of the compound is for the delivery of goods and supplies. Within the compound are three storage trailers used by the dietary and maintenance departments. A large exercise yard located outside the south wing includes a weightlifting pavilion, basketball court, volleyball court, horseshoe pits and a running track. Adjacent to the facility is a small staff parking lot.

The core of the structure primarily contains the common and administrative areas. Access is gained through a safety vestibule entering into a small lobby with lockers for visitors, public lavatories and an inmate property storage room. Adjacent to the lobby on the left is a door leading to several administrative offices. On the other side is the master control center containing security equipment and audio/video monitoring apparatus. The traffic office is adjacent to this center. Another safety vestibule leads to a large visiting/multipurpose room with access to the main corridor. Nearby is a well-equipped kitchen, small staff dining area, inmate dining room and several food storage areas. In this general vicinity are the case management offices, mechanical and electrical rooms, maintenance shop, supply room and lavatories. Also

located off this main corridor are three small classrooms, a large gymnasium, the commissary, the library and a medical examination office with a closet for storage of medical supplies. An area across the hall from the medical department has four holding cells, each containing a bed attached to the floor, a combination stainless steel toilet/wash basin unit and a sliding solid door with a view window. A shower is located in this general area.

The two main housing units, North and South wings, have two main floors with two tiers on each. The North wing has thirty-two double-bunked cells on each of the four tiers. One of the cells has been converted to an inmate barbershop. The cells contain two metal unattached beds with two drawers beneath for property storage, two stools, a drop-leaf table mounted to the wall, two shelves, two upright lockers, wall-mounted lights, swinging solid doors with a view window and exterior louvered windows with security screens. A lavatory is situated in each housing unit equipped with three stainless steel toilets, four urinals, seven wash basins and four showers. Stainless steel mirrors are mounted above each wash basin. Water fountains are located outside each lavatory. Across from the lavatory is a dayroom area consisting of two small rooms containing a color television, three collect call telephones and unattached tables and chairs. The primary entrance to these units is through a satellite control station that is surrounded by three electrically operated doors controlled by a correctional officer or by master control. A laundry room with two washers and dryers is also in this general area, as well as a janitorial supply room and the correctional standards file room. Three collect call telephones are located on each tier. The South wing has the same configuration and furnishings. Key-operated elevators are located outside the North and South wings. A mechanical room is above the gymnasium and on the second floor of each wing.

### The Baltimore Metropolitan Re-Entry Program

The Baltimore Metropolitan Re-Entry Program (BMRP) is a collective concept between the Department of Public Safety and Correctional Services, the Maryland State Department of Labor, Licensing and Regulations (DLLR), the Department of Economic and Employment Development, and the private sector designed to provide housing for inmates scheduled to be released in Baltimore and/or provide comprehensive based programming to residents in order to facilitate their phased re-entry into the community.

The BMRP Program is an extension of the Home Detention Programs as a housing and/or programming alternative to long term and institutional incarceration.

This collective program will utilize the resources of the Baltimore City Correctional Center (BCCC), Baltimore Pre-Release Unit (BPRU), Central Home Detention Unit (CHDU) and Occupational Skills Training Center (OSTC) where inmates transfer to the Metropolitan Transition Center (MTC) for vocational training, to prepare male and female inmates for re-entry into the community.

OSTC will provide occupational/vocational training, while BCCC, BPRU, and HDU will offer housing and/or work-release programming to eligible inmates. A basic breakdown of the functions offered by the BMRP Program is as follows:

### OSTC - Vocational Skill Training

The OSTC will offer eight (8) occupational courses which will be determined by labor market conditions and employer needs. The current courses offered are:

1. Auto Mechanics/Power Technology Occupations
2. Graphics and Printing Occupations
3. Office/Clerical Occupations
4. Heating, Ventilation & Air Conditioning (HVAC)
5. Building Maintenance
6. Warehousing
7. Roofing
8. Plumbing
- 9.

### Employment Readiness Workshop Programming (ERW)

One month Employment Readiness Workshop (ERW) cycles will be provided for male inmates housed at BCCC by the Maryland State Department of Labor, Licensing and Regulations.

### Educational Programming

School will be offered to inmates at BCCC, BPRU, the CARC Units, and the Central Home Detention Unit. Inmates assigned to school are required to attend classes a minimum of four (4) hours per week.

### Substance Abuse Programming (SAT)

BCCC offers substance abuse therapy for inmates whose plans specify Substance Abuse Programming (SAT).

### Psychological/Medical Services

Residents at facilities will have access to qualified mental health and health care professionals.

### Special Leave Programming

Inmates meeting the eligibility criteria of established Department of Public Safety and Correctional Services directive can participate in special leaves at BCCC.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	4
Number of standards met:	37
Number of standards not met:	0
Not Applicable:	2

**§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

The agency has three separate policies mandating a zero tolerance policy towards sexual abuse and sexual harassment (COS.200.0004 Inmate on Inmate Sexual Conduct Prohibited, OSPS.020.0026 PREA- Federal Standards Compliance, and OSPS.050.0030 Sexual Misconduct Prohibited). These policies outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Included in these policies are both the inmate and staff’s responsibilities to ensure an atmosphere free of sexual misconduct. These policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment for both inmates and staff. Sanctions for prohibited behaviors are listed in the policy. A zero tolerance policy for sexual misconduct was also discovered in four separate contractor policies.

OSPS.020.0026 Prison Rape Elimination Act- Federal Standards Compliance lists detailed responsibilities for the PREA Coordinator, PREA Compliance Manager, and PREA Committee. The agency’s strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates are outlined in individual responsibilities of the staff listed above.

The Agency appointed an upper level, agency-wide PREA Coordinator who is the Assistant Secretary/Chief of Staff and reports directly to the Agency Head. The PREA Coordinator oversees 3 Regional Managers and 17 PREA Compliance Managers. The team communicates through emails, phone calls, and site visits. In addition, the PREA Coordinator has nine Department of Justice Certified PREA Auditors which help monitor PREA compliance throughout the state of Maryland. The auditor was advised this is an example of the Agency's commitment to the Prison Rape Elimination Act.

The facility has a designated PREA Compliance Manager who holds the title of Assistant Warden. The PREA Compliance Manager reports directly to the Warden.

Interviews with staff reflect a system-wide knowledge regarding a zero tolerance approach to sexual abuse and sexual harassment. During the audit, the auditor discovered the PREA Coordinator has several roles and responsibilities in addition to serving as the PREA Coordinator.

#### **§115.12 - Contracting with other entities for the confinement of inmates**

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

The agency has entered into or renewed one contract for the confinement of inmates on or after August 20, 2012. This contract is with Threshold, Inc. and is for the housing and rehabilitation of inmates in community facilities. The contract requires the contractor to adopt and comply with all federal, state, and local laws. The contract requires the contractor to adopt and comply with PREA standards and requires the agency to monitor the contractor's compliance with PREA standards.

There is a DOJ certified PREA auditor that works for the Agency who is responsible for monitoring all inmate housing contracts. This individual monitors these facilities and ensures they are PREA compliant.

The Agency Contract Administrator advised the above contract was signed in July 2014, and the agency intends on working closely with the contractor to ensure its facilities comply with PREA standards.

#### **§115.13 - Supervision and Monitoring**

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

OSPS.115.0001 Staffing Analyst 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. The facility completed and documented thier annual staffing plan on June 12, 2015. DOC.100.0029 Collapsible Posts provides the Warden with a management tool to close posts when needed to reduce overtime. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the plan.

OSPS.050.0030 Sexual Misconduct Prohibited requires supervisors, managers, and commanders on all three shifts to conduct random, unannounced rounds. This policy also requires housing unit staff and supervisory staff to conduct unannounced rounds to identify and deter sexual abuse and harassment. This policy prohibits staff from alerting other staff of the conduct of such rounds. BCCC.020.0026.1 also states that unannounced rounds will be conducted on all shifts to deter sexual abuse and harassment. These rounds will be documented in the post log book. Staff of the opposite gender are required to announce their presence when entering a housing unit quad or any other area where inmates are likely to be showering, performing bodily functions, or changing clothing. Unannounced rounds by supervisors were verified by a review of round sheets/log books during the pre-audit and while onsite during the facility tour.

After conducting several staff interviews, the audit team discovered the facility reviews its staffing plan annually. During the review, the facility takes into consideration:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);
- The composition of the inmate population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Any applicable state or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

The audit team was advised that supervisory staff make daily rounds on all three shifts. Log books are signed, logging the date and time of the unannounced round. The auditor reviewed the log books and discovered regular, unannounced rounds are being conducted as per policy. Informal interviews with first line staff members confirmed this practice.

#### **§115.14 – Youthful Inmates**

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

**XX** Not Applicable

DPDS.100.0003 Separation of Adult and Juvenile Detainees establishes a separate housing area for juvenile detainees. There were no youthful inmates housed at this facility within the last 12 months. The facility is designated as an adult male facility only, therefore this standard does not apply.

#### **§115.15 – Limits to Cross-Gender Viewing and Searches**

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

IID.100.0008 Strip and Body Cavity Searches prohibit cross gender strip and body cavity searches, except in exigent circumstances. This policy also requires that all strip and body cavity searches are documented. There were no cross-gender strip or cross-gender visual body cavity searches of inmates reported at this facility.

OPS.110.0047 Search Protocol-Inmats: states that frisk searches of a female inmate shall only be conducted by female staff, except in exigent circumstances and requires such searches to be documented. There are no female inmates housed at this facility.

Further, this procedure prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and outlines procedures for proper search techniques of transgender and intersex pat and strip searches.

Facility Directive BCCC.020.0026.1 states that detainees will be allowed to shower, perform bodily functions, and change clothing, without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in emergency circumstances. This policy requires staff of the opposite gender to announce their presence when entering an inmate housing unit.

The facility provides training specific to Inmate Processing and Inmate Searches. These lesson plans go over the proper search techniques for cross-gender pat-down searches.

During interviews with staff and inmates at BCCC, it was determined that announcements are made any time a member of the opposite gender enters the housing unit. There is a main door that leads from the tier main hallway to the toilet/shower area in each of the housing units (tiers). During the site visit, it was noted that several of these doors have a large window that has been painted over so as to restrict visibility when walking by this area. The auditor noted that this could be considered as a blind spot with the windows being painted. After a brief discussion with the Facility Administrator and Assistant Warden (PCM), the auditor suggested having the paint scraped on these windows in order to allow for better visibility into this area. By scraping the paint from the windows, there was still ample privacy for showering and toileting, but staff visibility to the area was increased to allow for prevention of potential sexual abuse incidents. This option was acceptable to the auditor and facility administration; and immediate measures were enacted to have facility maintenance scrape and remove the paint from these windows. This modification was made to all doors with this type of window prior to submission of the final report. Photographs of these doors were sent to the auditor for verification. Additionally, the auditor notes that several shower stalls had a solid shower curtain that limited view into this area. In discussions with Sergeant Neaves, it was discovered that only a couple of days prior to the site visit a purchase order was submitted for new shower curtains. Further discussion with the Facility Administrator and the Assistant Warden resulted in a modification to the purchase order being submitted to obtain shower curtains that are clear on the bottom and top to allow for visibility in these shower stalls and still afford ample privacy for the inmates to shower. The auditor was provided with a copy of the new purchase order. These immediate responses to the auditor's recommendations are a testament to the facility's commitment to PREA compliance.

There were no Transgender/Intersex inmates housed at this facility at the time of the audit. Staff interviews indicate Transgender/Intersex inmates are typically housed at another facility.

### **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

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

DCD.200.0001 Inmate Rights, the agency's Limited English Proficiency (LEP) Plan, and OEO.020.0032 LEP Policy establishes procedures for disabled and limited English inmates and affords them 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. This policy also mandates that special assistance will be provided to those inmates with language or reading deficiencies.

The agency has a lesson plan for special management issues which goes over the appropriate methods of handling inmates with medical and physical disabilities.

The agency has documented contracts with a language interpreter line and documented procedures on how to use this service. There are three separate contracts the agency has for interpreter services; including, (1) Language Line Services, (2) for translation of documents-Schreiber Translations, Inc., and (3) Onsite-Ad Astra, Inc Unlimited.

COS.200.0004 Inmate Sexual Conduct and OSPS.050.0030 Sexual Misconduct prohibit the use of inmate interpreters.

During the audit process, the auditor did verify that the interpreter service language line (Language Interpretive Services) was operational and functioned appropriately. There were neither hearing impaired nor vision impaired inmates housed at the facility at the time of the audit. Staff interviews indicated inmate interpreters would never be utilized, except in very limited circumstances.

### **§115.17 – Hiring and Promotion Decisions**

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

AMD.050.0041 requires criminal background checks be conducted on all employees, including contractors. There were 19 staff hired within the last 12 month period who may have contact with inmates who have had criminal background checks, which is 100% of staff who may have contact with inmates who have had criminal background checks.

OSPS Interviewing/Hiring Process requires all applicants who answered “yes” to any of the PREA related questions be referred to the Attorney General’s Office for review and recommendation. This policy also requires Human Resources to contact all prior institutional employers and review their personnel files.

Hiring guidelines prohibit the hiring of someone who was convicted of a crime punishable by imprisonment of a term of one year or more. This guidelines prohibits the hiring of any convicted sexual offender.

The agency Personal Interview Form asks the applicant several questions in regards to their past sexual abuse history. This form has an acknowledgement for the applicant to sign documenting the information provided was accurate and that any misrepresentation or falsification are grounds for immediate termination.

COMAR 12.15.01.19 State Rap Back Program mandates annual criminal background checks to be conducted on all employees (exceeding the requirement under PREA Standards, which require backgrounds be ran every five years). All employees are fingerprinted when they are hired. This information is entered into a database. If an employee were ever arrested, an alert would instantaneously be sent to the agency for their review and investigation.

The agency conducts polygraph examinations on potential applicants and asks specific questions related to PREA.

Interviews conducted with the Human Resources Department as well as a review of a random sample of personnel records indicate the agency conducts background checks on all employees and ask specific questions related to sexual abuse.

**§115.18 – Upgrades to Facilities and Technology**

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

The facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012.

The facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since August 20, 2012.

The facility currently has approximately 70 operational cameras throughout the facility that operate on 5 DVR's. These DVRs have a retention period of 45 days . Since August 20, 2012, thae facility has added/upgraded 32 cameras and 2 DVRs for A,B,C,and D Quads. In addition, they have added/upgraded 36 cameras and 1 DVR for areas to include kitchen, dining hall, yard areas, gymnasium, stairwells, visiting room and other perimeter areas.

Interviews with the Agency Head Designee and Warden designee indicate camera placement is strongly considered during facility expansions as well as during annual staffing reviews.

<p><b>§115.21 – Evidence Protocol and Forensic Medical Examinations</b></p>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency/facility is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). IID.220.0002 Evidence Collection outlines the agency's uniform evidence protocol.

The standard of care provided to sexual assault victims is regulated by the Code of Maryland (COMAR). Hospitals in the state are certified as having SAFE programs and sexual assault victims (including from the agency's facilities) are taken to those facilities for examination. Agreements are not needed.

The facility offers any inmates who experience sexual abuse access to forensic medical examinations which are conducted by SANEs or SAFEs. There are 25 hospitals across the State of Maryland that offer these services. The agency utilizes four of these hospitals for such services. The State of Maryland is split up into a Northern Zone with two hospitals providing coverage for that area, a Central Zone with one hospital providing coverage for that area, and a Southern Zone with one hospital providing coverage for that area. When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. There were no documented forensic medical examinations conducted during the last 12 month period. Mercy Hospital is the designated hospital for BCCC inmates to have SAFE/SANE exams conducted.

OSPS.050.0030 Sexual Misconduct, COS.200.0004 Inmate Sexual Conduct, and CDF Policy Forensic Exams mandate that forensic medical examinations are offered without financial cost to the victim.

IID.110.0011 Investigating Sex Related Offenses and COS.200.0004 Inmate Sexual Conduct mandates that if requested by the victim, the facility attempt to make a qualified victim advocate available to the victim who will accompany, for the purpose of support, the victim through the forensic examination and investigation interviews. COS.200.004 Inmate Sexual Conduct states a Department employee who is not otherwise involved in the incident and has received education and training concerning sexual assault and forensic examination issues and who has been appropriately screened and determined competent to serve in the role, may serve as a victim advocate.

Interviews confirmed that SAFEs/SANEs are readily available at hospitals throughout Maryland. There are SAFEs/SANEs on call 24 hours a day, 7 days a week. A victim advocate is provided at the hospital, to all victims of sexual abuse. The agency currently is negotiating a MOU with Maryland Coalition Against Sexual Assault (MCASA) to provide inmates at the facility with a victim advocate.

Interviews of the staff indicated they were all knowledgeable regarding collection and preservation of evidence.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

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

COS.200.0004 Inmate Sexual Conduct, OSPS.050.0030 Sexual Misconduct, OSPS.020.0026 PREA Compliance, and IID.110.0011 Investigating Sex Related Offenses ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

During the last 12 months, there have been 2 sexual abuse and/or sexual harassment allegations received by the facility. Of those, 2 were referred for Administrative Investigation and none were referred for Criminal Investigation.

IID.110.0011 Investigating Sex Related Offenses and MD Correctional Services Article 10-701 require that allegations of sexual abuse or sexual harassment are referred for investigation to the Internal Investigation Division who has legal authority to conduct criminal investigations.

The agency policy regarding referrals for criminal investigation is located on the agency's website, <http://www.OSPS.state.md.us/prea/indez/shtml>. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigations.

Through interviews with specialized staff, it was confirmed that the Internal Investigative Division (IID) conducts the majority of all facility sexual abuse and sexual harassment investigations. If an investigation is determined to be minor in nature, it may be referred back to the facility investigators for investigation. Any investigator who investigates an incident of sexual abuse and/or sexual harassment within a facility is trained in conducting sexual abuse investigations in confinement settings. This facility currently has one investigator who has received specialized training for sexual assaults in a confinement setting.

### **§115.31 - Employee Training**

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

OSPS.050.0030 Sexual Misconduct and COS.200.0004 mandate each employee attend approved training related to preventing, detecting, and responding to acts of sexual misconduct.

The facility provides a variety of training; including, Managing the Female Offender, PREA In-Service Training, PREA Pre-Service Training, Sexual Harassment Training, and Special Management Offender Training. These lesson plans meet the curriculum standards covered under 115.31 (a). The Curriculum Outline and the Lesson Plan for Managing Female Offenders provide gender specific training. Employees who are reassigned from facilities housing the opposite gender are given additional training.

In the past 12 months, 123 staff who may have contact with inmates were trained on the PREA requirements listed above. A sample of signature training logs were provided documenting completion of training.

Mandatory Refresher Training is provided to employees bi-annually. Between trainings, the agency provides employees who may have contact with inmates with information about current policies regarding sexual abuse and harassment. This is normally done during roll calls when the need arises or any new information comes out.

Through a random sample of staff interviews, it was evident that the staff are well aware of the agency's zero-tolerance policy and their roles and responsibilities under PREA standards. The staff interviewed ranged from fairly new officers with a short tenure to seasoned Officers with several years of tenure. During interviews, staff presented a "PREA card" that has been issues to all inmates and is to be considered art of their uniform. This card can be referred to in the event of a sexual abuse/harassment incident to remind emplyess of response plans and their duties.

### **§115.32- Volunteer and Contractor Training**

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

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. This information can be found in OSPS.050.0030 Sexual Misconduct, Contractor Brochures; the PREA Information Brochure for Volunteers and Contractual Workers; Volunteer Handbook; Medical Training Presentation and Training for Medical Staff.

In the past 12 months, 45 volunteers and/or contractors have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and

response. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. The agency maintains signed acknowledgement forms confirming that volunteers/contractors understand the training they have received. A sample of training logs for contractors and volunteers were verified during the pre-audit.

There were no volunteers or contractors present at this facility during the site visit portion of the audit. Acknowledgement forms are signed by all contractors and volunteers, documenting they have read and understand this information. Samples were reviewed during the audit process.

### **§115.33 – Inmate Education**

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

Detainees receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. This information can be found in the Inmate Handbook. Inmates also receive information on PREA and sexual assault awareness through brochures and/or placards which are in both English and Spanish. Inmates also view an educational video during intake and are required to sign a signature sheet acknowledging they have seen the video

COS.200.0004 Inmate Sexual Conduct mandates the inmates' rights related to inmate-on-inmate sexual assault are effectively communicated to each inmate. DOC.200.0001 Inmate Rights mandates that each Warden ensure that newly received inmates are provided with information about inmate rights, general schedules, procedures, and institutional plans. DPDS.200.0002 Disability Accommodation mandates that reasonable accommodations are made to provide inmates with equal access to programs, services, and activities.

Detainees are required to sign an Inmate Handbook Receipt and a BCCC Handbook receipt form that documents their PREA training.

During the last 12 months, numerous inmates received training at intake and 1,027 received comprehensive training within 30 days of intake on the agency's zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Facility stated that all inmates had received the required training within the 30 days of intake. This facility utilizes their Case Management team to do intake, inmate orientation, and conduct the risk assessments. This is all completed on every inmate within the first 72 hours upon arrival. Normally this takes place the next day after arrival.

BCCC provides PREA information in English and Spanish. BCCC provides access to an interpreter service hotline for detainees that speak a foreign language and/or have disabilities. Telephone numbers are listed in the inmate handbook for the following: PREA Hotline, Rape Abuse and Incest National Network (RAINN), National Sex Abuse Hotline (HOPE), and Maryland Coalition Against Sexual Assault (MCASA). Mailing addresses are also provided for RAINN and MCASA.

#### **§115.34 – Specialized Training: Investigations**

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

COS.200.0004 Inmate Sexual Conduct and OSPS.050.0030 Sexual Misconduct states that to the extent possible, but in every case where the allegation of alleged inmate-on-inmate sexual conduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at minimum, specifically addresses: interviewing sexual abuse victims, Miranda and Garrity Warnings, sexual abuse evidence collection, and criteria and evidence necessary to substantiate administrative action, and if appropriate, criminal prosecution.

Investigators are trained in sexual abuse investigations in confinement settings. A review of the PREA Lesson Plan for Investigators meets PREA standards. This training is documented by orientation signature logs as well as quizzes given at the conclusion of the training.

At this time, all IID staff and one facility staff have been properly trained on conducting sexual abuse investigations in confinement settings.

Interviews with investigators confirmed they received specialized training for conducting sexual abuse investigations in confinement settings. The training consisted of the following:

- \*Techniques for interviewing sexual abuse victims.
- \*Proper use of Miranda and Garrity warnings.
- \*Sexual abuse evidence collection in confinement settings.
- \*The criteria and evidence required to substantiate a case for administrative or prosecution referral.

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

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

OSPS.200.0026 PREA Compliance ensures that Department PREA-related activities comply with federal PREA standards in many areas, including medical and mental health.

At the time of the audit, 6 medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy. This is 100% of the medical and mental health care practitioners who work regularly at this facility. The medical staff maintains documentation showing that medical and mental health practitioners have completed the required training.

Medical staff interviews indicate medical staff are aware of their responsibility to report and to preserve physical evidence. A review of documentation of the medical training was conducted while onsite and covered all required training guidelines and protocols.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

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

COS.200.0005 Screening mandates that inmates be screened, for risk of sexual victimization or risk of being sexually abusive toward other inmates, within 72 hours of

intake. Inmates are also reassessed within 30 days. An inmate's risk level may also be reassessed 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 abusiveness. The policy prohibits staff from disciplining inmates for refusing to answer questions related to whether or not the inmate has a mental, physical, or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability.

The assessments are conducted utilizing an objective point based screening instrument (OSPS PREA Screening Form). I reviewed a sample of the screenings mentioned above and determined the screenings are being conducted objectively and thoroughly.

There were 1,027 inmates entering the facility within the past 12 months (whose length of stay was 72 hours or more) who were screened, for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of their entry to the facility.

There were 1,027 inmates entering the facility within the past 12 months (whose length of stay was 30 days or more) who were reassessed for their risk of sexual victimization or for being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

During the onsite audit, screening records were reviewed and it was discovered that the entire standing population have undergone risk screening. All inmates listed as potential victims were housed separately from those listed as potential abusers. Thirty day reassessments are also being conducted as required and this also was verified while on site by reviewing a sampling of risk screenings.

An interview with the Staff Responsible for Risk Screening indicates all inmates are screened for risk of sexual victimization and/or being sexually abusive towards other inmates. The facility uses an objective screening instrument pursuant to PREA risk assessment requirements. The instrument is a point additive scale used to determine risk vulnerability as well as risk of predatory behavior. This form is also used for reassessments as required to identify an inmate's risk of victimization and abusiveness. Inmates are not disciplined for refusing to answer questions on this assessment. Additional conversation with staff indicate access to the risk assessments are limited to case management and mental health staff, and are in a secure area under lock and key. Custody staff does not have access to files. Case management personnel take the data from the screenings and coordinate with housing, also known as "traffic," to ensure inmates who are identified as potential victims are not housed with inmates who are identified as potential predators. This is documented in their computer system and

generates a “flag” that can be seen by custody staff at any time a housing change is going to take place. Inmates who indicate prior sexual victimization are afforded a follow-up evaluation with medical and mental health providers. Moreover, inmates identified as previously perpetrating sexual abuse are afforded medical and mental health follow-up evaluation.

#### **§115.42 – Use of Screening Information**

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

BCCC.020.0026.1-H and COS.200.005 Screening states that information from the risk screening will be utilized to make decisions related to housing, bed, work, education, and program assignments with the goal of separating those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The above policy states that the risk screening will be utilized to make individualized determinations about how to ensure the safety of each inmate. When determining housing and programming assignments for a transgender or intersex inmate, determinations are made on a case-by-case basis.

A review of screening instruments was conducted while onsite and indicated proper use of the instrument to include reassessments if and when necessary. Staff interviews indicate the standard is being followed.

#### **§115.43 – Protective Custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective 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. BCCC.020.0026.1-H also states that at no time will an inmate be

placed on involuntary segregation status because the inmate is at high risk of victimization.

In the last 12 months, there were no inmates held in involuntary segregated housing. This facility does not have any segregated housing cells.

### **§115.51 – Inmate Reporting**

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

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct establishes procedures for allowing multiple internal ways for inmates to report privately to agency officials. Policy states that staff shall accept reports of sexual assault and sexual harassment verbally, in writing, or anonymously. Verbal reports are documented immediately. All reports are classified as confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged sexual misconduct and immediate and continued care of the victim.

Information on reporting can be found in the Inmate Handbook (2007) and on PREA Hotline Posters that are located in the housing units. The PREA Posters contain contact information to an outside entity. PREA posters were readily observed in numerous locations throughout facility and housing units. In addition, PREA posters are visible in the visitation lobby area for all visitors to see.

The facility does not house inmates detained solely for civil immigration purposes.

The majority of staff and inmate interviews indicate an awareness of avenues for privately reporting sexual abuse and sexual harassment, and for reporting retaliation.

### **§115.52 – Exhaustion of Administrative Remedies**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**XX** Not Applicable

BCCC does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct state the facility shall make available the services of a victim advocate. When a qualified victim advocate is not available, a Department staff member who is not involved in the incident may serve as the victim advocate.

The facility has attempted to establish an MOU with Maryland Coalition Against Sexual Assault (MCASA). The auditor was advised that grant funds are available and MCASA has a staff member currently working on a statewide program. The auditor was advised the hospitals also provide a victim advocate for the inmate at the hospital. A qualified Agency staff member would serve the role as the victim advocate when needed.

### **§115.54 – Third-Party Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

OSPS.050.0030 outlines the Internal Investigative Division's responsibilities for handling third party reports. The auditor verified the Internal Investigative Division's Complaint Number is listed on the agency website along with information about PREA. Reporting information is also listed on PREA Posters and in the Visitor Handbook.

During the site visit, the auditor observed PREA posters visible to the public in the visitation areas.

### **§115.61 – Staff and Agency Reporting Duties**

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

OSPS.050.0030 and COS.200.0004 state that an employee receiving a complaint of, or who otherwise has knowledge of sexual misconduct shall immediately report the information to a supervisor. All reports are classified as confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged sexual misconduct and immediate and continued care of the victim.

The agency requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. There is an Employee Hotline number available to staff for private reporting of sexual abuse and/or harassment (410-585-3288). This information is disseminated periodically during roll-call and during in-service training.

Numerous staff interviews were conducted and those sampled were knowledgeable and informed of their individual responsibilities in response to sexual abuse.

### **§115.62 – Agency Protection Duties**

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

COS.200.0004 Inmate Sexual Conduct and OSPS.050.0050 Sexual Misconduct establish immediate protection duties for staff.

Over the last 12 months, there have not been any times the facility has determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Staff interviews indicate an understanding of appropriate protective measures (housing reassignments, supervisor notification, and documented reports) would be taken to ensure the safety and security of inmates found to be subject to a substantial risk of imminent sexual abuse.

### **§115.63 – Reporting to Other Confinement Facilities**

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

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct state that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the allegation will immediately be forwarded to the IID. The IID will then determine whether or not the allegation allegedly occurred at a Department facility, and if so, notify the Department official responsible for the facility. If the allegation occurred at a facility that is not a Department facility, the official responsible for the facility will be notified.

There was one allegation that BCCC received about Sexual Misconduct at another facility. This information was forwarded to the appropriate authority within 72 hours.

All complaints received are investigated by an IID investigator. During the last 12 month period, there was one allegation of sexual abuse received from other facilities.

During interviews with the management team, the auditor was advised that all allegations of sexual abuse and sexual harassment are investigated regardless of origination.

### **§115.64 – Staff First Responder Duties**

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

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct state that the first responder safeguard the victim, detain the perpetrator, and take actions so neither the victim nor the perpetrator destroy any physical evidence. All employees, including non-security staff, are required to immediately report any sexual misconduct to a supervisor and request the victim not take actions that could destroy physical evidence.

During the last 12 months, there were 2 allegations of an inmate being sexually abused. In each instance, the first responder was the person that initially separated the alleged victim from the abuser and notified staff within the time frame that is necessary for the collection of any usable evidence.

Interviews with both security and non-security staff indicated awareness of this policy and practice. During interviews with security staff, all indicated they have received a "PREA Card" that provides them with information they can use and a referral tool in the event of a sexual abuse or harassment emergency incident. These staff also indicated that having this card on them is now part of their uniform.

#### **§115.65 – Coordinated Response**

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

OSPS.050.0030 Sexual Misconduct, COS.200.0004 Inmate Sexual Conduct, and the Sexual Assault Notification Tree outline the agency's coordinated response plan for complaints involving sexual misconduct.

Interviews with both security and non-security staff indicate awareness of this policy and practice.

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

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

AFSCMETeamstersMOUUnitH and MD State Personnel and Pensions 3-302 Management Rights gives sole and exclusive authority for the management of its operations to the Employer.

Interviews at the Agency level confirmed Collective Bargaining Agreements do not restrict the Agency's ability to remove staff from the facility during a sexual abuse or sexual harassment investigation.

### **§115.67 - Agency protection against retaliation**

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

OSPS.050.0030 Sexual Misconduct, COS.200.0004 Inmate Sexual Conduct, and IID.110.0011 Investigation Sexual Related Offenses state that an individual (staff or inmate) reporting, participating in the investigation or resolution of, or is the victim of sexual misconduct is monitored for 90 days for signs of retaliation. Retaliation may be monitored beyond 90 days when appropriate.

According to directives OSPS.050.0030.05(B3) and COS.200.0004.05(B3) the responsibility of monitoring retaliation falls upon the unit head of the inmate's housing unit. IID.110.0011.05(H1) places monitoring and follow-up responsibilities on the investigator.

Staff interviews indicate an understanding of the agency's zero tolerance towards retaliation against inmates and staff who report sexual abuse and sexual harassment. Inmate interviews indicate that staff members follow up and ask probative questions regarding retaliation and the inmate's safety and welfare. There have been no reports of retaliation for inmates or staff in the past 12 months.

### **§115.68 - Post-Allegation Protective Custody**

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

DOC.100.0002 Case Management Manual states that Protective Custody housing is only appropriate when required for the protection of the inmate. Every effort shall be made by a case management staff and the managing official to find suitable alternatives to protective housing.

There were no inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing within the past 12 months for sexual victimization or reporting sexual victimization. There are no segregated housing units/cells in this facility. There are no designated protective custody housing areas in this facility.

Policy states, if involuntary segregated housing assignment were to be made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. (does not apply to this facility, as there are no segregated housing units)

#### **§115.71 – Criminal and Administrative Agency Investigations**

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

IID.110.0011 Investigating Sex Related Offenses is the agency policy related to criminal and administrative agency investigations. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Interviews with staff confirm IID conducts sexual abuse and sexual harassment investigations. All investigators who conduct these investigations have been properly trained in conducting sexual abuse investigations in confinement settings.

#### **§115.72 – Evidentiary Standard for Administrative Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

COMAR.12.02.27.14 Inmate Discipline, COMAR.12.07.01.08 Inmate Grievance, COMAR.12.11.04.09 Office of Secretary all utilize a preponderance of evidence as its evidentiary standard.

Interviews with investigators confirm investigators' use of a preponderance of evidence as its evidentiary standard.

### **§115.73 – Reporting to Inmate**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct state the facility shall provide the proper notifications to the inmate victim pursuant to 115.73. Notifications will be documented in the inmate's base file.

IID.110.0011 is the agency policy that requires all notifications to inmates be documented. The inmates were notified, verbally or in writing, of the results of their investigation by the IID staff. A review of a sample of investigations showed that notifications were being made to the inmates, and were documented.

A review of sexual abuse and sexual harassment investigations was conducted at IID. During this time, the auditor observed a tracking spreadsheet, which logs all allegations of sexual abuse and sexual harassment. This spreadsheet also logs the date the inmate is notified of the outcome of the investigation.

### **§115.76 – Disciplinary sanctions for staff**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

OSPS.050.0030 Sexual Misconduct states that staff are subject to disciplinary sanctions up to and including dismissal for non-compliance with the requirements contained in this policy. The Standards of Conduct policy categorizes unacceptable behaviors into three categories, according to severity. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of Agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

There has been no staff within the last 12 months that has violated agency sexual abuse or sexual harassment policies and was disciplined short of termination.

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

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

OSPS.050.0030 Sexual Misconduct states that contractors and volunteers who have committed sexual misconduct are subject to criminal prosecution. COMAR.21.07.01.22 Contracts and COMAR.21.07.01.11 required contractors and volunteers to abide by all federal, State, and local laws or the contract will be terminated.

Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.

In the past 12 months, no contractors or volunteers have been reported to law enforcement and/or relevant licensing bodies for engaging in sexual abuse of inmates.

The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of Agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Management team interviews indicated contractors and volunteers are required to adhere to the Agency's zero tolerance policy. In the event a contractor or volunteer violated this policy, they would be removed and banned from the facility.

### **§115.78 – Disciplinary sanctions for inmates**

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

Detainees are subject to formal disciplinary action following an administrative and/or criminal finding that the detainee engaged in detainee-on-detainee coerced sexual abuse and/or non-consensual sexual conduct with staff. This formal process can be found in COMAR.12.02.07. OSPS.050.0030 Sexual Misconduct and COS.200.0004 Inmate Sexual Conduct prohibit disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

There have been no allegations of sexual misconduct; therefore, there have been no administrative or criminal findings of guilty.

The facility offers therapy and counseling services to victims.

Management staff interviews indicate inmates who commit inmate-on-inmate sexual abuse are referred for disciplinary sanctions if the complaint is substantiated.

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

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

COS.200.0005 Screening states that all inmates at the facility who have disclosed any prior sexual victimization during a screening will receive a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

In the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

In the past 12 months, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow up meeting with a mental health practitioner.

All reports are classified as confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged sexual misconduct and immediate and continued care of the victim.

Inmates are provided with a Limits to Confidentiality form which go over the inmate's rights. Inmates sign this form, acknowledging they understand the information on the form.

Follow-up medical and mental health services are offered to those inmates who disclose prior sexual victimization.

#### **§115.82 – Access to emergency medical and mental health services**

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

COS.200.0004 Inmate Sexual Conduct and OSPS.050.0030 Sexual Misconduct state that victims will receive immediate access to emergency medical services, when medically appropriate.

Prophylactic treatment and testing is offered to the patient, as well as follow-up care for sexually transmitted or other communicable diseases.

Treatment and services are provided to the victim at no financial cost to the victim.

Security staff and non-security staff interviews indicate medical (including sexually transmitted disease testing) and mental health are provided to victims at no cost to the victim.

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

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

Medical Evaluation Manual Chapter 13 addresses ongoing medical and mental health care for sexual abuse victims and abusers. There are no female inmates housed at this facility, therefore 115.83 (d)/(e) do not apply.

Medical and Mental Health Staff interviews indicate medical and mental health care, including follow-up care, are provided to victims of sexual abuse.

<p><b>§115.86 – Sexual abuse incident reviews</b></p>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

COS.020.0027 Tracking PREA Investigations and DOC.110.0020 Violence Reduction states that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility ordinarily conducts the review within 30 days. The review team consists of upper-level staff to be determined by the Jail Administrator and PREA Compliance Manager and allows input from line supervisors, investigators, and medical or mental health staff.

The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

The facility implements the recommendations for improvement or documents its reasons for not doing so.

Management staff interviews indicate the incident review team considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

physical barriers, staffing levels, and technology when determining recommendations and improvements.

### §115.87 – Data Collection

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

COS.020.0027 Tracking PREA Investigations outlines how the Agency will collect, track, and report allegations of sexual abuse. The Agency utilizes the SSV forms developed by the Department of Justice to collect data. A standard set of definitions is located on these forms as well as in the policy mentioned above.

COS.020.0027 states the Department’s Internal Investigative Division (IID) is the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IID.

The IID shall:

- 1) 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.
- 2) Be responsible for developing forms necessary to collect data required under this directive (Executive Directive Number: COS.020.0027).
- 3) Annually report PREA related data to the PREA Committee.
- 4) By June 30<sup>th</sup> of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.
- 3) Annually report PREA related data to the PREA Committee.

The Agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies with the SSV reporting regarding content.

Through staff interviews it was determined that sexual abuse statistics are tracked by IID. A review of the statistics was conducted at IID. During this time, the auditor confirmed all allegations are tracked. Information retained includes, the date of incident, incident type, victim information, suspect information, disposition of investigation, and date the disposition of the investigation was reported back to the inmate.

### **§115.88 – Data Review for Corrective Action**

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

COS.020.0027 PREA Investigations- Tracking and Review ensures that aggregated sexual abuse data is forwarded to the PREA Coordinator annually, who shall prepare an annual report which includes an assessment of the Department’s sexual abuse prevention, detection, and response policies, practices and training. If applicable, the report will identify Department-wide problem areas or problems within specific correctional facilities. This information is used to facilitate corrective action at the Department and correctional facility levels.

The annual report compares the current calendar year’s data and activities with that available from previous years. The report assesses the Department’s progress in addressing sexual abuse. The report is approved by the Secretary and made available to the public through the Department’s public website. A review of the agency website verified the above information <http://www.OSPS.state.md.us/prea/index.shtml>.

COS.020.0027 PREA Investigations- Tracking and Review states that specific material may be redacted when it is considered to be information that would present a clear and specific threat to the safety and security of a correctional facility, if publicized. Personal identifiers are also redacted from the report.

Management staff interviews indicate statistics are tracked at the agency level.

### **§§115.89 – Data Storage, Publication, and Destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

COS.020.0027 PREA Investigations- Tracking and Review ensures that incident-based and aggregate data are securely retained. This Agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. This Agency policy states that before making aggregated sexual abuse data publicly available, the Agency removes all personal identifiers. This Agency policy states that the Agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years from the date received.

During the pre-audit, the auditor was provided with a memo from the Director of IID dated July 9, 2014, which states all investigations are on a Shared Group drive on a DPSCS Server. Only the Director of IID and one designee have access to this drive to ensure confidentiality. All investigation files can be retained indefinitely.

During the onsite audit, the auditor was advised hard copies of all investigations are kept onsite at IID for five years. After five years of retention, investigation files are sent to the state archives and maintained indefinitely.

A review of the Agency website verified the above information  
<http://www.dpscs.state.md.us/prea/index.shtml>.

During interviews with the PREA Coordinator, it was discovered that sexual abuse and sexual harassment statistics are retained by IID and are reviewed by the Secretary and PREA Coordinator anywhere from monthly to quarterly.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review.

*William Boehnemann*

DOJ Certified PREA Auditor

November 24, 2014

Date