

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: May 16, 2025

Auditor Information

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Company Name: Corrections Consulting Services

Mailing Address: P.O. Box 193

City, State, Zip: Palmyra VA 22963

Telephone: 713-818-0998

Date of Facility Visit: March 19-21, 2025

Agency Information

Name of Agency: Maryland Department of Public Safety and Correctional Services

Governing Authority or Parent Agency (If Applicable): Department of Public Safety Correctional Services

Physical Address: 2020 Toulson Road

City, State, Zip: Jessup, MD 20794

Mailing Address: 2020 Toulson Road

City, State, Zip: Jessup, MD 20794

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency Website with PREA Information: <https://www.dpscs.state.md.us/prea/index.shtml>

Agency Chief Executive Officer

Name: Carolyn Scruggs

Email: carolyn.scruggs@maryland.gov

Telephone: (410) 339-5099

Agency-Wide PREA Coordinator

Name: Funsho Oparinde

Email: funsho.oparinde@maryland.gov

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PREA Coordinator Reports to:

Deputy Secretary of Operations - Annie D. Harvey

Number of Compliance Managers who report to the PREA Coordinator:

18

Facility Information			
Name of Facility: Dorsey Run Correctional Facility			
Physical Address: 2020 Toulson Road		City, State, Zip: Jessup, MD 20794	
Mailing Address (if different from above): Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☒ Prison	☐ Jail	
Facility Website with PREA Information: https://www.dpscs.state.md.us/prea/index.shtml			
Has the facility been accredited within the past 3 years? ☒ Yes ☐ No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): ☐ ACA ☐ NCCHC ☐ CALEA ☒ Other (please name or describe: Maryland Commission on Correctional Standards) ☐ N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.			
Warden/Jail Administrator/Sheriff/Director			
Name: David Greene			
Email: David.Greene@maryland.gov		Telephone: 410-540-6200	
Facility PREA Compliance Manager			
Name: Kristine Silk			
Email: kristine.silk@maryland.gov		Telephone: 410-379-6250	
Facility Health Service Administrator ☐ N/A			
Name: Michelle Pipersburg			
Email: mpipersburgh@teamcenturion.com		Telephone: (410) 379-6357	
Facility Characteristics			
Designated Facility Capacity:		1030	
Current Population of Facility:		825	

Average daily population for the past 12 months:	860	
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No	
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males	
Age range of population:	18-73	
Average length of stay or time under supervision:	37.2 months	
Facility security levels/inmate custody levels:	Minimum, Pre-release	
Number of inmates admitted to facility during the past 12 months:	1414	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1412	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1411	
Does the facility hold youthful inmates?	☐ Yes ☒ No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. ☒ N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☐ N/A	
Number of staff currently employed by the facility who may have contact with inmates:	235	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	16	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	4	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	109	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	6
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	16
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	16
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	18
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: Agency Internal Investigative Unit) ☐ N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	18
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☐ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: Internal Investigative Unit) ☐ N/A

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	03/19/2025
2. End date of the onsite portion of the audit:	03/21/2025
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Just Detention International, Maryland Coalition Against Sexual Abuse
Audited Facility Information	
4. Designated Facility Capacity:	1030
5. Average daily population for the past 12 months:	825
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	16
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	837
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	36
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	3
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	1
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	1
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	40
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The Auditor began conducting random and targeted inmate interviews on the second day of the on-site audit. The Auditor was provided with a private area to conduct the confidential interviews. All inmates were made available in a timely manner and no inmates refused to be interviewed by the Auditor. All interviews were conducted using the established DOJ interview protocols.
<i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i>	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	235
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	109
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The Auditor began conducting random and specialized staff interviews immediately following the completion of the on-site facility tour. The Auditor was provided with a private area to conduct the confidential interviews. All staff were made available in a timely manner and no staff refused to be interviewed by the Auditor. All interviews were conducted using the established DOJ interview protocols.
Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	☐ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other (describe) Click or tap here to enter text. ☐ None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Inmates were selected from all housing units, using the inmate cell assignment report. The Auditor went down the list of each housing unit and selected the inmate's name from all housing units. The Auditor also ensured that a representative sample of inmates based on race, and ethnicity were selected.

31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	Click or tap here to enter text.

32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were no barriers to interviewing the random inmates.
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Targeted Inmate/Resident/Detainee Interviews

33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: <i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i> <i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i> <i>If a particular targeted population is not applicable in the audited facility, enter "0".</i>	16
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Facility reported that they do not house juvenile inmates and that all juvenile inmates are sent to a separate facility that just houses juveniles. The Auditor found no evidence of any inmate being housed under the age of 18 years of age.

35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:	5
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a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that they were not currently housing any inmates with cognitive disabilities. The Auditor met with the mental health professional and asked if there were any inmates housed in the facility that requested or was in need of mental or emotional accommodation, given a particular cognitive disability. The mental health professional confirmed there were no inmates that met this targeted group in facility at that time. The Auditor found no evidence of any inmate with cognitive or functional disabilities located at the facility.
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that they were not currently housing any inmates that are blind or have low vision. The Auditor met with the PCM and reviewed the list of inmates housed in the facility that requested accommodation, given a

	particular disability. The Auditor found no evidence of any inmate listed with disabilities regarding vision issues.
38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.
39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported that they were not currently housing any inmates that were limited English proficient. The Auditor met with the PCM and reviewed the list of inmates housed in the facility that requested accommodation, given a particular inability to communicate. The Auditor found no evidence of any inmate listed that were limited English proficient.
40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.

41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.
42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported two sexual abuse allegations during the last twelve months. However, the facility reported that no inmates involved in those allegations was still being housed at the facility. The Auditor found no evidence that would suggest otherwise.
43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:	5
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Click or tap here to enter text.
44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:	0

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Facility reported no instances of placing any inmate in segregated housing for risk of sexual victimization. This was confirmed through interviews with the staff.
45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The Auditor interviewed 16 targeted inmates at the DRCF. Of those inmates interviewed, 5 reported sexual victimization during the risk screening process, 0 reported sexual abuse, 6 physically disabled, 0 cognitively disabled, 1 transgender, 3 LGB, 0 juveniles and 0 inmate that was limited English proficient. The DRCF reported no inmates housed in segregation for high risk of sexual abuse, no inmates that were blind or low vision, and one inmate that were deaf or hard of hearing . The Auditor did receive one correspondence from an inmate at the DRCF for this audit through the mail.
Staff, Volunteer, and Contractor Interviews	
<i>Random Staff Interviews</i>	
46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	☒ Length of tenure in the facility ☒ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☒ Other (describe) gender, race, ethnicity ☐ None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	☐ Too many staff declined to participate in interviews ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other (describe) Click or tap here to enter text.
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	Click or tap here to enter text.

49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The staff were randomly selected by the PREA Auditor. The Auditor chose staff from all shifts, working different assignments, and with different levels of experience. The Auditor also made sure interviews were conducted with a proportionate number of female staff corresponding to the DRCF's employee demographics.
<i>Specialized Staff, Volunteers, and Contractor Interviews</i> <u>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</u>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
51. Were you able to interview the Agency Head?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Click or tap here to enter text.
53. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	☐ Agency contract administrator ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☒ Medical staff ☒ Mental health staff ☒ Non-medical staff involved in cross-gender strip or visual searches ☒ Administrative (human resources) staff ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☒ Investigative staff responsible for conducting administrative investigations ☒ Investigative staff responsible for conducting criminal investigations

	☒ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☒ Staff on the sexual abuse incident review team ☒ Designated staff member charged with monitoring retaliation ☒ First responders, both security and non-security staff ☒ Intake staff ☒ Other (describe) MCASA Advocate
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	☒ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☐ Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☒ Maintenance/construction ☐ Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
Site Review and Documentation Sampling	
Site Review	
<i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i>	
59. Did you have access to all areas of the facility?	☒ Yes ☐ No

a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	☒ Yes ☐ No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	☒ Yes ☐ No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
63. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No

64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	On 03/19/2025, at approximately 1230 hours a PREA audit kickoff meeting was conducted. Present at the meeting was the Warden, Assistant Warden, PREA Coordinator, PREA Compliance Manager, Security Major and Security Lieutenant. The inmate population on 03/19/2025 was 837 inmates. The meeting was designed to create a positive working relationship, place names with faces, and prepare for the next three days. Soon after the conclusion of the meeting the Auditor began the facility observation tour. Accompanied by the Warden, PREA Coordinator, PREA Compliance Manager, and Assistant Warden, the tour covered the entire facility over the next 3 hours. The tour covered the Front Entrance, Receiving and Intake, Food Services/Kitchen, Laundry, Gym, Program Classrooms, and sixteen separate housing units. During the facility tour, the Auditor looked at camera placement for possible blind spots and inmate to officer supervision ratio. The Auditor looked at privacy issues, how the toilet and shower areas were configured, and did the inmates have adequate privacy. Also, did staff of the opposite gender announce their presence when entering a housing unit of the opposite sex. The Auditor documented if PREA posters and PREA audit notices were displayed in the housing units and public areas as well. The Auditor noted the number of phones in each unit and identified if the advocacy hotline number along with the outside reporting
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	entity contact information was readily available in the housing units. The Auditor also conducted several test calls to the outside entity to prove the effectiveness of the facility's practice. The Auditor spoke to multiple inmates about whether they knew how to report an allegation of sexual abuse. Finally, the Auditor entered the Control Center to view camera views to ensure appropriate pixelated coverage in areas that required inmates to have a level of privacy.
Documentation Sampling	
<i>Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.</i>	
65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	At the conclusion of the third day of the audit, the Auditor reviewed a total of 43 files. Those files consisted of 30 inmate files, 12 staff personnel files, and 1 investigative file. The inmate files consisted of those inmates that had been previously interviewed during the audit. The staff personnel files were selected from those officers that had been recently hired after the previous PREA audit was conducted. In the staff personnel files, the Auditor was looking for evidence of an initial criminal history check, institutional references, RAP Back responses, PREA training documentation, and PREA refresher training. In regard to inmate files the Auditor would confirm evidence of the PREA Intake Screening taken place within 72 hours, proof of a reassessment, PREA information provided at Intake, and if the inmate received their comprehensive education within 30 days of Intake. Finally, when reviewing the investigative file, the Auditor was looking for a complete administrative investigation. This would include the investigative outcome, retaliation monitoring, if a Sexual Abuse Incident Review was conducted, was the preponderance of the evidence used, victims, witnesses, and perpetrators interviewed among many other factors.
Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
<i>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.</i> <i>Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</i>	

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	2	2	2	2
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	2	2	2	2

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	1	1	0	1
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	1	1	0	1

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Harassment Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

- a. If 0, explain why you were unable to review any sexual abuse investigation files:

Click or tap here to enter text.

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

☒ Yes ☐ No

☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

<i>Sexual Harassment Investigation Files Selected for Review</i>	
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81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	The facility reported not having an allegation involving sexual harassment
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)

88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	Click or tap here to enter text.
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	☐ Yes ☒ No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	Click or tap here to enter text.
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	☐ The audited facility or its parent agency ☐ My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) ☒ A third-party auditing entity (e.g., accreditation body, consulting firm) ☐ Other

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) Department Public Safety and Correctional Services (DPSCS) Secretary's Directive (SD) 020.0026 (PREA Federal Standards Compliance/PREA Audit Manual)
- b) Dorsey Run Correctional Facility (DRCF) Policy 050.0030.1 (Sexual Misconduct)
- c) Executive Directive OPS.200.0005 (Inmate on Inmate Sexual Conduct Prohibited)
- d) DPSCS Organizational Chart
- e) Dorsey Run Correctional Facility Organizational Chart

Interview:

- 1) Interview with PREA Coordinator
- 2) Interview with PREA Compliance Manager/Unit Safe Prisons/PREA Manager

Observations made during the On-Site Audit and Document Review

115.11 Provision (a)

The agency has provided two written policies (DPSCS.020.0026 and DRCF.050.0030.1). DPSCS 020.0026 indicates that, "The Department does not tolerate sexual abuse or sexual harassment of an inmate. The Department requires that an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to Department procedures for reporting employee misconduct or inmate rule violations. 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." DRCF.050.0030.1 further states that, "The purpose of this directive is to implement the facility's zero tolerance approach to sexual misconduct to include sexual abuse and sexual harassment as defined in Prison Rape Elimination Act (PREA) Standard I 15.6 and establish procedures for reporting, responding to, and resolving a complaint of sexual misconduct. It is also the purpose of the Dorsey Run Correctional Facility (DRCF) to protect all inmates and staff that report or cooperate with investigations of sexual harassment from retaliation by other inmates or staff."

These policies also outline how it will implement the DRCF's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Such as employing a PREA Coordinator with enough time and authority to oversee the prisons' efforts to comply with PREA standards and to make their best efforts to comply with an agency staffing plan. Also, to have supervisors conduct unannounced rounds among many other strategies. In addition, the definitions associated with prohibited behaviors are also present in this agency policy. For example, the definition of sexual abuse, sexual harassment, and voyeurism. The policy also addresses sanctions for those who violate the PREA policy with discipline up to, and including, termination. Finally, the DRCF's Agency PREA Manual in its entirety incorporates the necessary fundamentals needed to describe DRCF's approach to detecting, preventing, and responding to allegations of sexual abuse and sexual harassment.

The evidence collected for this provision shows that the agency has a written policy mandating zero tolerance towards all forms of sexual abuse. The policy also outlines the agency's approach to detecting, preventing, and responding to sexual abuse. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.11 Provision (b)

The DRCF provided an organizational chart that the Auditor reviewed. The Auditor observed that the State PREA Coordinator falls directly under the supervision and control of the Deputy Secretary of Operations who is subordinate to the Secretary of the Maryland Department of Corrections. Thus, providing upper-level management positions to develop and implement oversight for all the Maryland correctional facilities compliance with PREA standards.

An interview was conducted with the DPSCS's PREA Coordinator and he was asked whether he felt like he had enough time to manage all of his PREA-related responsibilities. The PREA Coordinator stated that he did have sufficient time. He further stated that he coordinates refresher training for twenty-two PREA Compliance Managers (PCM's) twice a year in an effort to ensure compliance with PREA standards. The PREA Coordinator also indicated that he communicates with these PCM's on a regular basis through email or phone calls and if appropriate, will meet with staff to address any PREA related issues. The PREA Coordinator indicated that if he recognized a PREA standard shortcoming at a facility, he would go directly to the Warden of that facility to correct the issue. However, if necessary the PREA Coordinator indicated that he could also address any concerns with the DPSCS Secretary.

The evidence collected for this provision shows that the agency has demonstrated that they employ an upper level PREA Coordinator with enough time and authority to develop, implement, and oversee agency efforts to comply with PREA standards. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.11 Provision (c)

DPSCS is the Maryland State Correctional System that operates approximately twenty-two separate confinement facilities. The agency has provided two written policies in the DRCF Sexual Misconduct and DPSCS PREA Audit Manual that outlines the responsibilities of the PREA Manager and the PREA Compliance Manager. The policy governing the PREA Compliance Manager states in part that; "The DRCF PREA Compliance Manager is responsible to for participating in all meeting/committees involving PREA issues, including leading the Incident Review Meeting. Entering information for all alleged PREA incidents onto the PREA tracking form and ensuring that all inmates involved in PREA-related incidents receive appropriate medical and mental health follow-up as well as appropriate housing (14-day follow up with medical or psychology department. 60-day psychology evaluation if known inmate-on- inmate abuser). Ensuring that those involved in an incident of sexual abuse are monitored for signs of retaliation for at least 90 days. The investigative captain shall monitor staff. The housing unit manager shall manage monitoring inmates. Ensure victim notification or final determination and any charges against the perpetrator, are made by the investigative captain (IID) in accordance with the requirements of PREA standards. Ensure an incident review is completed within 30 days of the conclusion of the investigation, unless unfounded. And maintain files of all sexual misconduct incidents that occur within the facility or that are reopened while an inmate is housed at the facility."

An interview was conducted with a PREA Compliance Manager, and she was asked if she felt she had enough time to manage all the PREA related responsibilities. The PREA Unit Manager stated that, "Yes, she carves out time for PREA and makes it a priority and that she did have sufficient time to perform the duties required." Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to have a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment and to employ an agency PREA Coordinator.

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.) ☐ 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) Pre-Audit Questionnaire Response
- b) Code of Maryland Annotated Regulations (COMAR) 21.06.05.01 (Right to Inspect)
- c) COMAR 21.07.01.02 (Scope of Contract and Compliance with Laws)

Interviews:

Observations made during the On-Site Audit and Document Review

115.12 Provision (a)(b)

The DRCF reported that the DPSCS does not contract for confinement of its inmates with any private agencies or other entities, including other government agencies.

COMAR 21.06.05.01 states in part that; “Designees of the procurement agency, the Department of Legislative Services, or any other State unit authorized by law, may inspect at reasonable times the plant, place of business, or jobsite of any bidder or offeror, contractor, prospective subcontractor or assignee, or subcontractor or assignee.” In addition, the DPSCS has policy COMAR 21.07.01.02 that states in part that; “The scope of the contract shall reflect the unilateral right of the State to order in writing changes in the work within the scope of the contract.”

Interviews with both the PREA Coordinator and Warden confirmed that the State of Maryland does not contract for confinement of its inmates with any private agencies or other entities, including other government agencies.

The evidence collected for this provision shows that the agency has not entered into a contract for the confinement of inmates and a written policy that require the contractor to adopt and comply with PREA standards. Therefore, through written policy, the facility has demonstrated that this standard is not applicable to the DRCF and therefore meets this standard.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard. As stated above, the DPSCS no longer utilizes any private or public outside entity to house and confine Maryland inmates. Therefore, this standard is no longer applicable to both the DPSCS and DRFC.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DRCF Facility Staffing Plan
- b) DRCF Staffing Plan Review
- c) Policy OPS.050.0001 (Staffing Analysis)
- d) Policy DRCF.050.0030.1
- e) Policy OPS 115.0001 (Staffing Analysis)
- f) Housing Units Unannounced PREA Logs

Interviews:

- 1) Interview Warden
- 2) Interview PREA Coordinator
- 3) Interview with Intermediate or higher-level Facility Staff

Observations made during the On-Site Audit and Document Review

115.13 Provision (a)

DPSCS Policy OPS 115.0001 states in part that; “All facilities will maintain the current FSP approved by the Commissioner, or a designee. Document at least annually, or on an as needed basis, and conduct a review of the existing FSP that must contain an analysis of each post to identify, the number of days each week the post is staffed, the rank of the correctional officers assigned to the post, the operational staffing level (OSL) for the post, and designation as an emergency response post.

When determining adequate staffing levels and the use of video monitoring equipment the following will be considered:

- (i) Best practices used in correction and detention facilities.
- (ii) Findings related to inadequate correctional and detention facility administrative and
- (iii) The physical plant to determine the presence of “blind spots” or isolated areas.
- (iv) Characteristics of the inmate population at the facility.
- (v) The number and placement of supervisors.
- (vi) Program activity taking place on each shift.
- (vii) Applicable federal, State, or local laws or standards.
- (viii) The prevalence of substantiated and unsubstantiated complaints of sexual abuse at
- (ix) Other factors related to facility security and safety.”

Since the last PREA audit, the average daily population of inmates at the Dorsey Run Correctional Facility was 841, and the current staffing plan was predicted on 1030 inmates housed at the facility.

During the interview with the Warden, he was asked if the facility had a staffing plan and if staffing levels to protect inmates from sexual abuse was considered in the plan. Also, if video monitoring is part of this plan and if the staffing plan is documented? The Warden confirmed, “Yes” to the first question and explained that an annual review and development of all staffing plans are mandated through state approved positions to maintain the minimum staff-to-inmate ratio. The Warden also confirmed that when reviewing the staffing plan on an annual basis they consider all of the above matters. The Auditor also interviewed the Facility PCM and asked if the above considerations are weighed when developing the staffing plan. The PCM explained that they were considered. The staffing plan is developed for 158 full-time security staff and 49 security supervisors. Finally, the facility provided a copy of the staffing plan review and acknowledgement form dated 01/27/2025 that indicates that the Statewide PREA Coordinator and the DRCF PCM reviewed and signed off on the Dorsey Run Correctional Facility staffing plan.

During the on-site facility tour, the Auditor looked for potential blind spots, camera placement, and understaffing or overcrowding situations.

The evidence collected for this provision shows that the agency has a written policy that addresses appropriate staffing plans and reviews. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.13 Provision (b)

DRCF OPS.050.0001 states in part that; “The Assistant Warden is responsible for documenting all deviations from the staffing plan.”

During the interview with the Warden, he was asked if the facility documents all instances of non-compliance with the staffing plan. The Warden stated that, “Yes, Maryland policy cannot deviate from the staffing plan. Minimum staffing numbers is what is used for night shift numbers.” The facility reported no instances of not complying with the staffing plan during the audit period.

The evidence collected for this provision shows that the agency has a written policy that addresses documenting situations where staffing plans are not met. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.13 Provision (c)

DPSCS OPS.115.0001 states in part that; “At least annually, or on an as needed basis, consulting with the Department PREA Coordinator to review, assess, determine, and document if adjustments are necessary to the facility’s:

- (a) Staffing plan based on topics identified under §.05C(2)(d) of this directive.
- (b) Use and deployment of video monitoring system and other surveillance technology; and
- (c) Resources available to commit to ensure compliance with the established staffing plan.”

The Dorsey Run Correctional Facility has provided the 2025 Staffing Plan Review and Participation Statement documenting whether adjustments are needed to the staffing plan.

During the PREA Coordinator interview, the coordinator was asked if he is consulted regarding any assessments or adjustments to the staffing plan. The coordinator stated that the staffing plan is reviewed annually with all DPSCS. That the PREA Coordinator must review and sign off on all staffing plan documentation.

The evidence collected for this provision shows that the agency has a written policy that addresses performing annual staffing plan reviews. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.13 Provision (d)

DRCF OPS.050.0030.1 states in part that; “The Assistant Warden is responsible for ensuring supervisors conduct unannounced rounds on all shifts.” In addition, DPSCS OPS 050.0001 states that, “A supervisor, manager, or shift commander shall 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. Except when necessary to prevent prohibited cross gender viewing of an inmate or as part of a legitimate facility operation, unannounced in order to prohibit staff from alerting other staff that the rounds are being conducted and at a frequency established by the managing official.”

During the facility tour, the Auditor reviewed examples of the DRCF PREA Supervisor Unannounced logbooks from multiple housing units and infirmary spanning over the last year. These logbooks cover both day and night shift. The unannounced log pages identify and document unannounced rounds by supervisors across all shifts at separate housing units during different times of the tour of duty. The Auditor reviewed multiple duty post logs on security posts during the site review tour confirming that these unannounced rounds are being conducted.

During the interview process, the Auditor interviewed an intermediate or higher-level supervisory staff member (Captain) about unannounced rounds. The supervisor was asked if he conducted unannounced rounds and if he documented those rounds. The supervisor stated that, “Yes, he performs unannounced rounds and that they are documented on the ‘Post Logbook.’” When asked how the supervisor would prevent staff from alerting other staff

members about unannounced rounds? The supervisor responded, “That he makes sure he is not predictable and changes his travel routes to and from the housing units at random times.”

The evidence collected for this provision shows that the agency has a written policy that addresses performing unannounced rounds. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to have supervision and monitoring.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DPSCS YDC DOC.100.0002 (Youthful Detainee Housing)
- b) DPDS 100.0003 (Separation of Adult and Juvenile Detainees)

Observations made during the On-site Audit and Document Review

115.14 Provision (a)

DPSCS YDC DOC.100.0002 states that, "An inmate sentenced to the DOC, who at the time of sentencing has not reached the age of 18, may be housed at the Youthful Detention Center of the Division of Pretrial and Detention Services (DPDS). The juvenile inmate may be housed at YDC until such time that he or she reaches the age of 18." DPDS.100.0003 further states that, "No juvenile is detained in or committed to the Division unless legal jurisdiction has been waived to the Division or the juvenile is formally charged with an adult offense. If a waived juvenile is remanded to the custody of the Division, the individual shall be housed in a separate unit designated for juveniles which affords no more than incidental sight or sound contact with adult detainees from outside the unit in living, program, dining or other common areas. Any other sight or sound contact is minimized, brief and in conformance with applicable legal requirements. The warden shall be responsible for establishing a separate housing area for juvenile detainees, ensure that when it is necessary to house a juvenile in an area other than one designated for juveniles, (e.g., protective custody), the juvenile remains separated from adult detainees, and ensure that all outside activities for juveniles, (e.g., recreation), are conducted separately from the adult population."

The Dorsey Run Correctional Facility has reported no instances during this audit period where a juvenile was housed at the facility. During interviews with the PREA Coordinator, Health Services Administrator, and mental health professional they all explained that the Dorsey Run Correctional Facility does not, nor has not, housed any youthful inmates during this audit period.

115.14 Provision (b) &(c)

DPSCS YDC DOC.100.0002 states that, "An inmate sentenced to the DOC, who at the time of sentencing has not reached the age of 18, may be housed at the Youthful Detention Center of the Division of Pretrial and Detention Services (DPDS). The juvenile inmate may be housed at YDC until such time that he or she reaches the age of 18." DPDS.100.0003 further states that, "No juvenile is detained in or committed to the Division unless legal jurisdiction has been waived to the Division or the juvenile is formally charged with an adult offense. If a waived juvenile is remanded to the custody of the Division, the individual shall be housed in a separate unit designated for juveniles which affords no more than incidental sight or sound contact with adult detainees from outside the

unit in living, program, dining or other common areas. Any other sight or sound contact is minimized, brief and in conformance with applicable legal requirements. The warden shall be responsible for establishing a separate housing area for juvenile detainees, ensure that when it is necessary to house a juvenile in an area other than one designated for juveniles, (e.g., protective custody), the juvenile remains separated from adult detainees, and ensure that all outside activities for juveniles, (e.g., recreation), are conducted separately from the adult population.”

The Dorsey Run Correctional Facility is not authorized to hold or house youthful inmates, in accordance with the Maryland State Code. The policy indicates that the facility does not house inmates under the age of 18. If the DRCF receives a youthful inmate into the system then that inmate would be transferred to a Division of Pretrial and Detention Services facility designated and designed to specifically house juveniles in the state of Maryland. Therefore, this standard is not applicable.

During the on-site tour of the physical plant, the Auditor did not witness any youthful inmates housed in the general or restricted housing units. After conducting 54 interviews with staff and inmates, there was no evidence to suggest that the Dorsey Run Correctional Facility houses youthful inmates. Also, no interviews were conducted for this standard because there have been no incidents involving youthful inmates. Therefore, this standard is not applicable, however, the agency does have policies and procedures in place to manage youthful inmates when these situations occur.

Conclusion:

Based upon the review and analysis of all the available evidence the PREA Auditor has determined that the facility is fully compliant with this standard.

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☐ 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 if the facility does not have female inmates.) ☐ 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? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DRCF.050.0030.1 (Sexual Misconduct)
- b) DPSCS OPS.050.0001 (Sexual Misconduct)
- c) DPSCS OPS.110.0047 (Personal Search Protocols)
- d) Maryland Police and Correctional Training Commissions Lesson Plan (Frisk/Body Searches, Restraints, and Scanning Devices)
- e) DPSCS Employee Training Reports (2024 DRCF Security Custody and Control)

Interviews:

- 1) Interviews with Random Staff
- 2) Interviews with Random Inmates
- 3) Interview with Non-Medical Staff involved with strip searches

Observations made during the On-Site Audit and Document Review

115.15 Provision (a)

The Dorsey Run Correctional Facility is situated in a complex with three other operational correctional facilities referred to as the "Maryland House of Corrections – Jessup". The DRCF houses male inmates only. DPSCS OPS.110.0047 states in part that; "Correctional staff shall conduct a strip search of an inmate when an inmate is admitted to a facility from another correctional or detention facility, when an inmate is committed to a jail or detention facility, before an inmate is transported by Maryland Correctional Transport Unit, After each inmate visit, including social, legal, and other professional visits, and upon an inmate's return to a facility from which the inmate departed, regardless of the facility's security level." The policy further states that, "Except under the conditions specified in § .07B(3), 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 in a manner that ensures maximum privacy for the inmate being strip searched, and in the presence of an additional correctional officer."

There are no examples of exigent circumstances in the last 12 months, because it is against policy and there are no female inmates housed at this facility. When conducting the on-site review of the facility, the Auditor observed adequate female staff to accommodate any day-to-day operations involving gender specific searches. When interviewing the non-medical staff responsible for conducting strip searches, the officer was asked under what circumstance would it require a cross-gender strip search. The officer replied that she could not think of any circumstances that would constitute the need to cross gender strip-search an inmate of the opposite gender unless in a life-threatening situation.

The evidence collected for this provision shows that the agency has a written policy that prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances when performed by medical practitioners. The interview with the non-medical staff member that conducts strip searches confirmed the practice during the interview. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.15 Provision (b)

DPSCS OPS.110.0047 governs how inmates are routinely searched using the visual and pat search techniques in accordance with existing post orders and policies. The policy further indicates that female inmates will be pat searched by a female correctional officer or trained female staff member.

As stated previously, the Dorsey Run Correctional Facility does not house female inmates. There are no examples of exigent circumstances over the last 12 months, because it is against policy and no female inmates are housed at the DRCF. When conducting the on-site review of the facility, the Auditor observed adequate female staff to accommodate any day-to-day operations involving gender specific pat searches if necessary.

During the on-site phase, the Auditor interviewed 12 random staff members from both day and night shifts. There was no need to ask questions concerning female inmate searches, and the possible lack of inmate privileges associated with the need for female officers to search such inmates, because the facility does not house female inmates.

The evidence collected for this provision shows that the agency has a written policy that prohibits staff from conducting cross-gender pat searches except in exigent circumstances. The interviews conducted with staff confirmed that there have not been incidents where female inmates have been limited to activities due to the shortage of female officers. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.15 Provision (c)

DRCF.050.0030.1 states in part that; “The Assistant Warden is responsible for ensuring all cross-gender strip searches are documented and done in accordance with the search policy and procedures OPS.110.0047.”

The Dorsey Run Correctional Facility reported no instances or examples where a cross-gender search was conducted during the audit rating period. The DRCF is a male facility that offers specific procedures for searching gender dysphoric, transgender, and intersex inmates. The facility provides for a “Personal Search Exception Card” granted by the Warden that allows the inmate to be searched by the gender of their request.

The evidence collected for this provision shows that the agency has a written policy that prohibits staff from conducting cross-gender strip searches and cross gender visual body cavity searches, except in exigent circumstances when performed by medical practitioners. Therefore, through written policy, the facility has demonstrated that it meets this provision.

115.15 Provision (d)

DRCF.050.0030.1 states in part that; “An inmate of the opposite gender is viewed in a stage of complete or partial undress only in exigent circumstances or incidental to routine call checks and never for the sole purpose of determining genital status.” The policy further indicates that, “Staff of the opposite sex announces their presence when entering the housing unit and ensures other staff does as well.” DPSCS OPS.050.0001 defines “Cross

Gender Viewing” as the means an employee observes 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.

When conducting the site review, the Auditor observed a full-length shower curtain for privacy when showering. The restroom area, which is located on the opposite side of the dorm also provided for a full-length shower curtain. In addition, the monitoring screens contained pixelated screens, or cameras positioned away from these specific areas so staff could not view inmates when using the restrooms or showers. The Auditor also witnessed officers announce their presence when entering a housing block of inmates of the opposite sex. Finally, the Auditor observed permanent fixed posters at the entrances of the housing units indicating a, “STOP Opposite Genders Must Announce Their Presence When Entering” notification as a reminder for female staff to announce themselves before entering a housing unit.

During the on-site phase, the Auditor interviewed both random staff and inmates. The 12 random staff were asked if they, or other officers, announce their presence when entering a housing unit of inmates of the opposite sex. All 12 officers stated that they do. When asked if inmates can dress, shower, and use the restroom without being viewed by officers of the opposite sex, 12 officers stated yes. The Auditor also interviewed 16 random inmates and 15 targeted inmates. When asked if female officers announce their presence when entering the housing block of the opposite sex: 27 inmates stated yes, 3 inmates indicated sometimes, and 1 inmate stated no. When asked if they, or other inmates, are ever naked in full view of female officers all 31 inmates stated, “No, that they are not.”

The evidence collected for this provision shows that the agency has a written policy that enables inmates to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite sex. They also have a policy that requires all staff to announce their presence when entering a housing unit of inmates of the opposite sex. The interviews conducted with random staff and inmates confirmed that staff is practicing these policies. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.15 Provision (e)

DPSCS OPS.110.0047 indicates that, “A strip search of a gender dysphoric or intersex inmate may not be conducted for the sole purpose of determining the inmate’s genital status. If an inmate’s genital status is unknown, it is to be determined through conversation with the inmate, a review of available medical records, or part of a broader medical examination conducted in private by a licensed medical professional.” The policy further indicates that, “If an inmate has been granted a Personal Search Exception and produces a search exception card, the inmate shall be searched by a correctional officer of the gender indicated on the card, in a location and in a manner that ensures maximum privacy for the inmate being searched, and in the presence of an additional correctional officer of the gender indicated on the card.”

When interviewing random staff, they were asked if they were aware of the agency policy prohibiting staff from searching or physically examining a transgender person for the sole purpose of determining the inmate’s genital status. All random officers stated that yes, they are aware and that searching for the sole purpose of identifying gender is prohibited. The facility reported one transgender inmate being housed at the Dorsey Run Correctional Facility at the time of the on-site audit phase. The Auditor was able to interview that transgender inmate and confirmed that they had not experienced a situation where they were searched for the sole purpose of determining the inmate’s genital status.

115.15 Provision (f)

Dorsey Run Correctional Facility does not conduct cross-gender pat searches unless exigent circumstances exist. The facility provided training records and training curricula as proof of receiving training on cross-gender pat searches and searches of transgender and intersex inmates in a professional manner. During the on-site review, the Auditor interviewed 12 random staff and in those interviews the officers were asked if they had received training on how to conduct a cross-gender pat search and when did they received the training. All 12 officers indicated that they had received the training. From those interviews, the 12 officers stated that they received the training during annual in-service or during the academy.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to have limits on cross-gender viewing and searches.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DPSCS OPS.050.0001 (Sexual Misconduct)
- b) DPSCS OPS.200.0005 (Inmate-on-Inmate Sexual Conduct)
- c) DPSCS OEO.020.0032 (LEP Policy)
- d) OSPS.50.0011 (Americans with Disabilities Act)
- e) PREA Informational Posters in both English & Spanish
- f) DRCF PREA Program Brochure in English & Spanish
- g) State of Maryland Inmates Language Assistance
- h) Language Line Quick Reference Guide to access an Interpreter
- i) Inmate PREA educational video in both English & Spanish

Interviews:

- 1) Agency Head / Designee
- 2) Random Staff
- 3) Inmates with Disabilities or limited English proficient

115.16 Provision (a)

DPSCS OPS.050.0001 states in part that; "Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate-on-inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation, by inclusion in the facility's inmate orientation paperwork, and if applicable, the facility's inmate handbook. The PREA Coordinator reports that deaf or hard of hearing incarcerated individuals are housed in another facility called the Maryland Correctional Institution – Jessup (MCIJ)." However, the Auditor did conduct an interview with an inmate that was hard of hearing. The facility provides a PREA video during orientation that is both closed captioned and audible for those inmates that may be blind. The facility also provides tablets that has the facility handbook downloaded on the tablet in multiple languages. The facility also contracts with a language line service (Language Line Solutions) that offers American Sign Language. During the facility tour, the Auditor observed PREA Posters and the PREA Brochure which distributed inmate information that was provided in large font, bright colors, and can be read to inmates in terminology that they understand.

The Agency Head/Designee was interviewed and asked if his agency has established procedures to provide inmates with disabilities and inmates who are limited English so they can participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Agency Head /Designee stated that, "The Agency has translated documents in Spanish. The Inmate Handbook is also available in multiple languages, facilities have TTY's, and most recently the Agency has contracted with Capital Linguists to provide diverse options for interpreting, and translation." Finally, the Agency Head/Designee explained that facilities are able to utilize Video Relay Services (VRS) on the phone system and tablets.

The Auditor interviewed four inmates that were disabled. Two inmates were physically disabled, and two inmates were cognitively disabled. All disabled inmates were asked if the facility provided information about sexual abuse that they were able to understand, and if not, did the facility provide someone to help, write, read, or explain? Also, did the inmates understand the information that was provided? All four inmates stated, “Yes” to the question regarding PREA information that they could understand and, “No” to the question of needing assistance to read, write, or explain their rights under PREA.

The evidence collected for this provision shows that the agency has a written policy that addresses that the facility takes 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 or sexual harassment. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.16 Provision (b)

DPSCS OEO.020.0032 states in part that; “The Department shall take reasonable steps to ensure that LEP individuals receive meaningful access to programs and services, as appropriate. The Department shall provide language assistance services, in accordance with applicable State and federal law, based on an assessment of the number or proportion of LEP individuals served or encountered by the Department when providing programs or services. Frequency of contact with LEP individuals, nature and importance of the program, activity, or service provided, and resources available.”

The facility has provided evidence of a contract between The Language Line Solutions and the DRCF to provide interpreting services. The facility provided a Spanish-Inmate PREA Training Acknowledgement form that the inmate signs acknowledging receiving the PREA training. During the site review, the Auditor observed the PREA Posters located in the housing units both in English and Spanish. The facility also provides a DRCF Handbook and PREA Brochure in Spanish. Finally, the facility has provided a certified list of bilingual staff that are qualified to interpret when needed.

The Agency Head/Designee was interviewed and asked if his agency has established procedures to provide inmates with disabilities and inmates who are limited English the ability to benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Agency Head /Designee stated that, “The Agency has translated documents in Spanish. The Inmate Handbook is also available in multiple languages, facilities have TTY’s, and most recently the Agency has contracted with Capital Linguists to provide diverse options for interpreting, and translation.”

The Auditor interviewed one inmate that was limited English proficient. The inmate reported that he was given literature in Spanish, the educational video was provided in Spanish to him, and that PREA posters in the housing unit were also available in Spanish.

The evidence collected for this provision shows that the agency has a written policy that addresses that the agency takes appropriate steps to ensure that inmates who are “limited English proficient” 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 or sexual harassment. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.16 Provision (c)

DPSCS OPS.200.0005 states in part that; “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.”

Policy OPS.050.0001 further states that, “Inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate’s safety, the performance of first responder duties, or the investigation of an inmate’s allegation.”

During the audit interview process, the Auditor asked 12 random staff if the facility ever allows the use of inmate interpreters. From that, 5 officers stated that they would not use inmate interpreters, and 7 officers stated that they would. When asked further about when and how, the 7 officers indicated that they would use inmate interpreters when they could not communicate with the inmate due to the language barrier. Also, to the best of their knowledge, they have never witnessed an inmate interpreter being utilized to assist in a sexual abuse allegation.

Do to the majority of security staff unaware of to what extent an inmate interpreter can be used to assist in making an allegation of sexual abuse, in accordance with agency policy, the Auditor made leadership aware of this fact during the exiting briefing. Informing command staff that the facility would not be found in compliance with this standard and would need to provide refresher training on both policies that address this provision. The PCM and PREA Coordinator immediately initiated refresher training regarding these policies and provided training rosters where all security staff acknowledged reviewing and understanding the policies that govern when and how an inmate interpreter can and should be used in exigent circumstances only. The Auditor accepts this documentation as evidence of compliance with this provision.

The evidence collected for this provision shows that the agency has a written policy that addresses that the facility should not rely on inmate interpreters. Therefore, through written policy, observations, and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard referencing requirements for inmates with disabilities and inmates who are limited English proficient having equal opportunity or benefiting from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- DPSCS ADM.050.0041 (Criminal History Records Checks)
- DPSCS.020.0026 (PREA Federal Standards)
- Applicant PREA Questionnaires
- Employee Background Checks
- Promotional PREA Questionnaires
- DPSCS Promotion Job Application
- DPSCS Contractor and Volunteer VCIN Background Checks
- DRCF Staff Employee Files

Interviews:

1) Interview with Human Resources Staff

Observations made during the On-Site Audit and Document Review

115.17 Provision (a)

DPSCS.020.0026 states in part that; “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:

1. Engaged in sexual abuse in prison, jail, lockup or any other institution.
2. 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.
3. Was civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion.”

During the file review part of this audit, 16 personnel files were sampled. This sample included civilian staff and security staff. The review resulted in all 16 files indicating an initial criminal history being run. In addition, the Auditor observed Personal History Questionnaires with evidence that the sexual abuse questions appear in the pre-hire application process. Also included in the documentation reviewed in the files were the Pre-Questionnaire Promotional Applications where the questions were reiterated and answered regarding sexual abuse.

The evidence collected for this provision shows that the agency has a policy prohibiting the hiring or promoting anyone who may have contact with inmates if they had engaged in sexual abuse in a confinement setting, or if convicted of engaging or attempting to engage in sexual abuse and had been civilly adjudicated due to engaging in these activities. Therefore, through written policy, personal observations, and file review the facility has demonstrated that it meets this provision.

115.17 Provision (b)

DPSCS.020.0026 states in part that; “The Human Resource Services Division shall consider any incident 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.”

During the audit interview process, the Human Resources staff member was asked if the agency considers prior incidents of sexual harassment when determining whether to hire or promote anyone and to enlist services of any contractors. The H.R. staff member stated that, “Yes, the facility does consider those prior incidents when reviewing employee evaluations and new hire applications.”

The evidence collected for this provision shows that the agency has a policy requiring the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

115.17 Provision (c)

DPSCS.020.0026 states in part that; “Before hiring a new employee to perform duties involving contact with an inmate, the Human Resource Services Division shall:

1. Conduct a criminal background record check and

2. 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 resignation during a pending investigation of an allegation of sexual abuse.”

DPSCS ADM.050.0041, states in part that; “A hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history records check is performed in order to determine the existence of criminal convictions that may specifically impact performance as an employee.”

During the audit interview process, the H.R. staff member was asked if the facility performs criminal record background checks for all newly hired sworn employees, employees considered for promotion, and any contractor that may have contact with inmates. The H.R. staff member stated that; “Yes, agency performs a criminal record check on all new hires, volunteers, contractors through the NCIC system.” The Auditor reviewed 16 personnel files. The Auditor determined that the 16 names of staff members that were selected had evidence in the personnel file of an initial NCIC Background Check. The facility also provided copies of background checks being completed on contractors and volunteers.

The evidence collected for this provision shows that the agency has a policy requiring that criminal records be run on all new employees. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.17 Provision (d)

DPSCS.020.0026 states in part that; “Before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background record check of the contractor’s employees who may have contact with an inmate.”

In addition, ADM.050.0041 indicates that a hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history records check is performed in order to determine the existence of criminal convictions that may specifically impact performance as an employee. The policy further indicates that employees include: a contractor, an intern and a volunteer.

During the audit interview process, the H.R. staff member was asked if the facility performs criminal record background checks for all newly hired sworn employees considered for promotion and any contractor that may have contact with inmates. The H.R. staff member stated that; “The facility performs a criminal record check on all volunteers, contractors, prior to having access to the facility through the NCIC system.” He further stated that it is each facility’s responsibility to ensure the contractors and volunteers’ background checks are completed, and that Warden determines if access is approved.

The facility provided the Auditor with examples of contractor background check reports (Plural? If so, take out the A before contractor) . The report identified the names of the contractors and volunteers along with the date the background check was conducted along with personal identifiers in order to run a background check. Finally, the Warden signature appears for those that are approved. The facility has reported that all contractors are also always escorted by custody staff and never in direct contact with inmates.

The evidence collected for this provision shows that the agency has a policy requiring that criminal records be ran on all new contractors that have contact with inmates. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.17 Provision (e)

DPSCS.020.0026 states in part that; “Each subordinate employee and contractor services provider who may have contact with an inmate, an appointing authority, or a designee, shall conduct a criminal records background check,

at minimum, every five years, or have in place a system for otherwise capturing such information for current employees and contractors.”

The agency provided documentation from COMAR 12.15.01.19 that indicates that a system referred to as ‘State Rap Back Program’ (SRBP) is utilized as a way for agencies within the Maryland State Government to be notified regarding any possible criminal activity. The agencies participate by enrolling their staff into this system by providing staff personal identifiers and fingerprints. Then at least annually, the SRBP will generate a report of all those who have a criminal history that indicates an arrest, issuance of an arrest warrant, the filing of a charging document, a disposition of a conviction, a verdict of not criminally responsible, or a disposition of probation before judgement.

During the audit interview process, the H.R. staff member was asked if the facility performs criminal record background checks for all sworn employees and any contractor that may have contact with inmates. The H.R. staff member indicated that; “The agency performs a criminal record check on all new hires, volunteers, and contractors. Also, all current employees are enlisted into the SRBP program through the Maryland State Police System.” He further stated that it is the Background Unit’s responsibility to ensure this task is completed for new recruits. The Auditor reviewed 16 personnel files. The Auditor determined that all the staff files contained a record of a criminal background check. The facility also provided the Auditor with examples of contractors and volunteers investigative background check that includes a NCIC check with the dates the records check was conducted on all contractors and volunteers.

The evidence collected for this provision shows that the agency has a policy requiring that criminal records check be run on all employees, contractors, and volunteers at least every five years. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.17 Provision (f)

DPSCS.020.0026 states in part that; “HRSD shall inquire of each applicant and current employee who may have contact with an inmate directly about previous misconduct described in 04B(3) of this directive in:

1. A written application or interview for employment or promotions; and
2. An interview or written self-evaluation conducted as a part of a review of a current employee.”

The Department of Public Safety Correctional Services Employment Application for Corrections New Applicant Interview Questions document listed three PREA related questions that must be asked of the applicant. Question 1 states, “Have you engaged in sexual abuse in prison, jail, lockup or any other institution.” Question 2 states in part; “Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.” And finally, question 3 states, “Have you been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion.” The DPSCS imposes an affirmative duty on each of its employees to disclose any sexual misconduct prior to employment as well as during their employment.

During the interview with the H.R. staff member, it was asked if the facility asks all applicants and employees about previous misconduct regarding inmates and does the facility impose upon employees a continuing affirmative duty to disclose previous misconduct. The H.R. staff member stated that, “Yes, the questions are captured in the PREA Application form.” He also stated that, “Yes, all employees must report any misconduct or interaction with law enforcement.” The agency provided copies of staff personal history applications, and promotional applications, with the questions and answers given.

The evidence collected for this provision shows that the agency has a policy requiring that they ask about previous misconduct and the employee's responsibility to disclose such misconduct. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.17 Provision (g)

DPSCS.020.0026, states in part that; "A material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment." There are no examples or circumstances during this audit rating period to provide as proof or documentation for this provision.

The evidence collected for this provision shows that the agency has a policy requiring that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. Therefore, through written policy the facility has demonstrated that it meets this provision.

115.17 Provision (h)

During the interview with the H.R. staff member he was asked, "If a former employee applies for work at another institution and a request by that institution is made, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving that former employee?" The H.R. staff member stated that this information would be shared from one background investigator to another and that it would require a signed release of information from the requesting agency prior to releasing that information.

The evidence collected for this provision shows that the agency has protocols requiring that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse and sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring hiring and promotional decisions.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) Pre-Audit Questionnaire

Interviews

- 1) Interview with Agency Head
- 2) Interview with Warden

Observations made during the On-Site Audit and Document Review

115.18 Provision (a)

The facility has reported not acquired or made any substantial expansion or modifications to the existing facility since the last PREA audit in 2022.

During the audit interview phase, the Agency Head/Designee was asked that when planning substantial modifications to a facility, "How does the agency consider such changes on its ability to protect inmates from sexual abuse?" The Agency Head/Designee stated that a lot of the issues are trying to reduce blind spots. Also, locating where staff should be positioned and takes everything into consideration. He stated that they work with vendors when developing plans for construction to strategically place recreation areas, showers, and restrooms in certain areas to avoid blind spots. In addition, the Warden was also asked the same question. The Warden stated, "There had been no changes or current renovations to the facility."

The evidence collected for this provision shows that the agency shall consider the effect of such design to improve the ability to protect inmates from sexual abuse. Therefore, through personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

Provision B:

The facility has reported in the PAQ that there has been no substantial modifications or installing and/or updating video monitoring technology to the facility since the last PREA audit.

During the audit interview phase, the Agency Head/Designee was asked how the agency uses monitoring technology. The Agency Head/Designee stated that, "Video monitoring, camera modernization, and making sure the existing cameras have recording capabilities are the priority moving forward." He indicated the need to add cameras to assist in supervision and minimizing blind spots. The Agency Head/Designee also identified utilizing mirrors to cover blind spots. The Warden was also asked a similar question about how the facility had considered using technology to enhance protection from sexual abuse. The Warden indicated that they had gone through a huge camera upgrade during the last PREA Audit and increased the storage capacity which enables them with years' worth of recording video.

The evidence collected for this provision shows that the agency has considered how technology may enhance the facility's ability to protect inmates from sexual abuse. Therefore, through written memorandums, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard addressing upgrade to facilities and technology.

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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ 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 *always* makes a victim advocate from a rape crisis center available to victims.) ☒ 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents

- a) OPS.50.0001 (Sexual Misconduct)
- b) OPS.200.0005 (Inmate-on-Inmate Sexual Conduct)
- c) OSPS.020.0027 (PREA Investigations)
- d) DRCF 050.0030 (Sexual Misconduct)
- e) IID IIU.110.0011 (Investigating Sex Related Offenses)
- f) Maryland Coalition Against Sexual Assault and the Life Crisis Center (MCASA) Statewide SAFE Resource List
- g) Maryland and National SANE Protocols for Sexual Assault Medical Forensic Examinations
- h) DRCF Employee Training History

Interviews

- 1) Interview with SANE/SAFE staff
- 2) Interview with the Facility PREA Compliance Manager
- 3) Interviews with random staff
- 4) Interview with inmates reported sexual abuse

Observations during on-site Facility tour.

115.21 Provision (a)

OSPS.020.0027 states in part that; "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." Policy IIU.110.0011 further states that, "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.” All IID investigators are certified law enforcement officers in the state of Maryland.

During the review phase of the Pre-Audit Questionnaire, the Auditor reviewed standard 115.21 and noted that the DPSCS Internal Investigations Division (IID) investigators are responsible for all criminal investigations that occur on the grounds owned and operated by the DPSCS. The Auditor contacted a IID investigator to establish if they did in fact conduct alleged sexual assault criminal investigations at the Dorsey Run Facility. Arrangements were made by the Auditor to contact an IID investigator during the pre-audit phase to conduct an interview. The investigator informed the Auditor that they do in fact investigate all criminal sexual assault allegations and acknowledged that the only requirement needed to send an investigator is an official request from the Facility Leadership. The IID is responsible for investigating allegations of sexual crimes that occur within the DPSCS facilities and is familiar with PREA Standard 115.21 pertaining to the investigation of sexual assaults, the collection of evidence, and forensic examinations. Furthermore, the IID is also responsible for conducting all administrative sexual abuse investigations when it involves staff-on-inmate allegations.

When the Auditor interviewed random staff, it was determined that all 12 staff members were aware of their responsibilities to preserve evidence during a sexual abuse allegation. They discussed securing the scene, notifying a supervisor immediately, contacting medical personnel, writing a detailed report, and asking the victim or not allowing the accuser to bathe, eat or drink, or brush their teeth. Also, when asked who was responsible for investigating criminal and administrative cases, staff members identified the IID 3 times, the PCM 3 times, a supervisor 4 times, the Warden once, and one officer was not sure. All random staff interviewed were therefore aware of the protocol for evidence collection and the majority of sworn staff were able to identify the investigator or supervisor responsible for conducting the administrative investigations. The supervisors conduct an initial inquiry to determine what the allegation is and if it appears to be a legitimate allegation. If the allegation is indeed a sexual abuse allegation then that information is forwarded to the Warden and PREA Coordinator to assign to the IID for investigation. If it is determined that the allegation is inmate-on-inmate sexual harassment, then the facility is responsible to investigate the allegation.

The evidence reviewed for this provision shows that the agency has demonstrated that they do follow a uniform evidence protocol for obtaining physical evidence for administrative and criminal proceedings. Therefore, through written policy, and interviews conducted, the agency has demonstrated that it meets this provision.

115.21 Provision (b)

The facility did not house youthful inmates in their facility over the audit rating period. The Facility provided policy IIU.110.001, which states in part that; “When the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, the investigator will coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims.” The DRCF reported that their SANE examinations are performed at Mercy Hospital located in the City of Baltimore.

The DRCF utilizes the IID to conduct all criminal investigations within the facility. The facility provided policy indicating all IID Investigators are certified law enforcement officers through the Maryland Police and Correctional Training Commissions. In addition, the policy listed above would suggest that all necessary protocols would be adapted and followed on the most recent edition of the Department of Justice (DOJ’s) Office on Violence Against Women publication in accordance with this standard.

The evidence reviewed for this provision shows that the agency has demonstrated that they do follow a protocol that is developmentally appropriate for youth. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

115.21 Provision (c)

DRCF.050.0030.1 states that, “The inmate victim shall be escorted to medical for evaluation and assessment for need of further treatment/forensic examination by SAFE or SANE nurse at the local hospital. If the inmate victim is being escorted to the hospital for a forensic exam, the medical provider shall ask the inmate if he wants a victim's advocate to accompany him to the hospital during the exam. If the inmate requests to have an advocate present, the hospital shall be notified to make arrangements for the advocate to be present. Upon the inmates return to the facility from medical or the hospital, the inmate shall be placed in the holding area until release by mental health staff.” The policy OPS.050.0001 further states that, “If the alleged sexual misconduct involves sexual abuse, the assigned investigator shall if medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by a Sexual Assault Forensics Examiner (SAFE), Sexual Assault Nurse Examiner (SANE), or after documented attempts to provide a SANE or SAFE are unsuccessful, a medical professional who has been specifically trained to conduct medical forensics examinations.”

Any allegations of sexual abuse that appears criminal will be referred to the IID for criminal investigation. The alleged victim shall be immediately transported to the closest hospital in the region where a SAFE is available. The local hospital identified by DRCF is Mercy Hospital located in the City of Baltimore. A SAFE is a medical professional who is skilled and experienced in the use of rape kits for the collection of forensic evidence.

The Mercy Hospital is a licensed health care facility that will provide health care services to inmates housed in a state or local correctional institution. An inmate who is a victim of an alleged sexual abuse may be transported to a regional hospital for a sexual assault forensic examination. Mercy Hospital employs multiple staff members trained in sexual assault examinations. The hospital agrees that any such examination will be performed by a nurse trained in sexual assault examination under the direction of a physician.

During the post-audit phase, an interview was conducted by the Auditor with a Sexual Assault Nurse Examiner (SANE). The interview was conducted by phone with a SANE Nurse employed with the Mercy Hospital in Baltimore, MD. A SANE nurse is a highly skilled certified nurse trained in the art of evidence collection and chain of custody. The nurse is considered the subject matter expert in collecting evidence after an alleged sexual assault has occurred. The nurse is also required to provide testimony in court cases related to sexual abuse. The Nurse explained that she is aware of agreements between the DPSCS and regional hospitals when it comes to conducting SANE exams. She explained that Mercy Hospital conducts SANE exams for the surrounding jurisdictions. She informed the Auditor that they are employed by Mercy Hospital and when an individual is in need of a forensic medical examination, her unit would perform the examination. When asked if Mercy Hospital is responsible for conducting all forensic medical exams for inmate victims of sexual abuse for Dorsey Run, the SANE Nurse stated, “Yes, they are the responsible party that offers forensic medical examinations and would provide those services for the surrounding correctional facilities if requested by the inmate victim.” When asked if SANE staff is unavailable to conduct forensic medical examinations, then who assumes the responsibility? The SANE Nurse replied, “That her medical facility is available and that nurses are always on call 7 days a week 365 days a year.” Therefore, if there is a lapse in coverage, or unavailability, then the inmate victim would just wait until a SANE Nurse is available to conduct the forensic medical examination. The facility reported no incidences of a SANE examination being performed during this auditing period.

The evidence collected for this provision shows that the agency has procedures in place to offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost to the victim. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.21 Provision (d)

DRCF.050.0030.1 states in part that; “The inmate victim shall be escorted to medical for evaluation and assessment for need of further treatment/forensic examination by SAFE or SANE nurse at the local hospital. If the inmate victim is being escorted to the hospital for a forensic exam, the medical provider shall ask the inmate if he wants a victim's advocate to accompany him to the hospital during the exam. If the inmate requests to have an advocate present, the hospital shall be notified to make arrangements for the advocate to be present.”

OPS.050.0001 and OPS.200.0005 further states that, “If requested by the victim and services are reasonably available, the investigator shall have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigatory interviews; a qualified victim advocate; a Department employee who is not otherwise involved in the incident and has received education and training concerning sexual assault and forensic examination issues or has been appropriately screened and determined to be competent to serve in this role; or a non-Department community-based organization representative that who meets the criteria for a Department employee.”

During the interview with the SANE, the Auditor specifically asked if an advocate was requested by the facility, would Mercy Hospital provide an advocate for the alleged inmate victim. The SANE explained that the hospital provides this service for the community through their Family Violence Program and if requested, a rape crisis advocate would be provided and present.

The PCM was interviewed by the Auditor and stated that the hospital would provide these services, and that the facility makes these services available through Mercy Hospital. The Auditor did not interview any inmates that had reported sexual abuse in the facility. The facility has reported no instances where allegations rose to the level that a SANE examination was warranted.

The evidence collected for this provision shows that the facility has demonstrated that they do offer services from a qualified agency staff member for inmate victim advocacy regarding a sexual abuse allegation. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.21 Provision (e)

OPS.200.0005, state that, “If requested by the victim and services are reasonably available, the investigator shall have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigatory interviews, a qualified victim advocate, a Department employee who is not otherwise involved in the incident and has received education and training concerning sexual assault and forensic examination issues or has been appropriately screened and determined to be competent to serve in this role, or a Non-Department community-based organization representative that who meets the criteria for a Department employee.” In addition, IIU.110.0011 states that, “If the victim requests, the investigator will coordinate with the managing official or designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensic examination and investigatory interviews.” The policy further states that, “If requested by the victim, the investigator shall permit a victim advocate to be present during the interview with the victim.”

The facility has reported that hospitals that perform medical forensic examinations in the state of Maryland are required to provide a victim advocate as part of their operational requirements. The facility also reported that DRCF had no instances requiring a victim advocate present at a medical forensic examination during this audit period. Lastly, when asked how the agency ensures that the advocate meets the qualifications described above, the PCM stated that the service is provided by MCASA and Mercy Hospital and that the advocates have been trained in victim advocacy. The Auditor did not interview any inmates that reported sexual abuse. The facility has reported no instances where the allegations rose to the level of requiring a forensic medical examination.

The evidence collected for this provision shows that the facility has demonstrated that they do allow victim advocates to accompany and support alleged victims of sexual assault during the forensic examination and during the investigatory interview. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

115.21 Provision (f)

The DPSCS utilizes its Internal Investigations Division to conduct sexual abuse allegations and is part of the Maryland Department of Public Safety Correctional Services Agency.

The evidence collected for this provision shows that the Maryland Department of Public Safety Correctional Services, Internal Investigations Division conducts all criminal investigations for the DPSCS and follow the PREA standards required under this standard. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to provide evidence protocols and forensic medical evaluations.

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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) IIU 110.0011 (Investigating Sex related Crimes)
- b) OPS.050.0001 (Sexual Misconduct)
- c) OPS.200.0005 (Inmate-on-Inmate Sexual Misconduct)
- d) Annotated Code of Maryland 10-701 (Internal Investigative Unit)

Interviews:

- 1) Interview with Agency Head/Designee
- 2) Interview with Investigative Staff

Observations made during the On-site Phase of the Audit.

115.22 Provision (a)

IIU 110.0011 states in part that; "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." Policy OPS.050.0001 further states that, "An Internal Investigative Division (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."

In the past twelve months, the DRCF reported that they had received 2 allegations of sexual abuse or sexual harassment. The facility has reported that both cases resulted in administrative investigations and that both cases were turned over to the IID for criminal investigation. While on-site, the Auditor reviewed one complete investigation. The other investigation is still open.

When interviewing the Agency Head/Designee, he stated that, “Yes, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and harassment.” The Agency Head/Designee explained that sexual abuse allegations can be investigated by the IID investigators who can investigate criminal allegations and conduct administrative investigations regarding staff-on-inmate allegations. He also indicated that DRCF supervisors can conduct sexual harassment investigations.

During the document review, the Auditor reviewed 1 case file that consisted of an allegation of sexual abuse. The case was investigated by the IID investigator.

The evidence collected for this provision shows that the agency has procedures in place to ensure that an administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.22 Provision (b)

The Annotated Code of Maryland 10-701 indicates that there is an Intelligence and Investigative Division in the Department, and that the Secretary shall appoint the Director of the Internal Investigative Unit. Subject to the authority of the Secretary the unit shall investigate alleged criminal violations committed by employees of the Department while on duty and alleged criminal violations committed by inmates, visitors, and other individuals that affect the safety and security of the Department’s facilities or programs. A review of the agency website confirms that information regarding sexual abuse allegation investigations indicates that the Department’s Internal Investigation Division is in charge of all PREA-related investigations and will accept complaints from any individual concerned.

During the pre-audit phase, the Auditor interviewed an IID Investigator with the DPSCS Internal Investigative Unit that is assigned to conduct investigations at DPSCS facilities. The Investigator was asked if agency policy requires that allegations of sexual abuse be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potential criminal activity. The Investigator stated, “Yes, the agency has policy that directs all criminal investigations be conducted by the DPSCS IID Unit.” In addition, while on-site, the Auditor conducted an interview with a facility investigator. When this same question was posed to the facility investigator, he indicated that an initial inquiry would be conducted and if probable cause existed that a crime had been committed then the Warden would request that the IID Investigator respond. The facility investigator also stated that IID has the legal authority to conduct criminal investigations.

The evidence collected for this provision shows that the facility has procedures 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. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

Provision (c)

The DPSCS administrative directive designates the IID as the principal law enforcement agency for the DPSCS. The IIU has primary jurisdiction for investigating criminal offenses occurring on DPSCS property or affecting DPSCS property, including criminal offenses. The IID is primarily responsible for interactions between the DPSCS and outside law enforcement agencies. The DRCF supervisors are responsible for conducting

administrative investigations involving their staff members who violate the general rules of conduct. However, if requested the IID Investigators may assist in these matters.

This provision is not applicable to the Dorsey Run Facility or the agency because the agency is responsible for conducting both the administrative and criminal investigations.

The evidence collected for this provision shows that the facility has procedures in place that if a separate entity is responsible for conducting criminal investigations, such publications will describe the responsibilities of both the agency and the investigating entity. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

Provision (d)

In accordance with the Annotated Code of Maryland 10-701, the Internal Investigative Unit (IIU) is the primary investigative and law enforcement entity of the DPSCS. The IID reports directly and only to the Director of the IIU who has been appointed by the Secretary of the Maryland Department of Corrections.

The evidence collected for this provision shows that the agency has procedures in place that the DPSCS IIU is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons and there is a policy in place governing the conduct of such investigations. Therefore, through written policy the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DPSCS 020.0026 (PREA Federal Standards Compliance)
- b) OPS.050.0001 (Sexual Misconduct)
- c) MPCTC.010.0018 (Training Responsibilities)
- d) OPS.200.0005 (Inmate-on-Inmate Sexual Misconduct)
- e) DRCF 050.0030.1 (Sexual Misconduct Prohibited)
- f) PREA Proofed (Training Curriculum)
- g) 2024 PREA Employee Training Report
- h) 2024 Sexual Harassment Training Report
- i) Maryland Police & Correctional Training Lesson Plan

Interviews:

- 1) Interview with Random Staff

Observations made during the On-Site Audit and Document Review

115.31 Provision (a)

The Dorsey Run Correctional Facility provides PREA refresher training to all of their employees on an annual basis. The facility also trains contractors and volunteers during their initial orientation process and then annually. New hires are trained while in basic training and then on an annual basis. The DRCF has provided the PREA Proofed Program lesson plan along with the Maryland Police and Correctional Training Lesson Plan that addresses PREA while attending the academy. They have provided PREA In-Service Training records as evidence of compliance.

OPS.200.0005 and OPS.050.0001 both state that, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under this directive, shall ensure that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct and that written policy and procedures issued by the head of the unit related to the custody and security of an inmate comply with applicable federal PREA standards." Policy DRCF 050.0030.1 further states that, "It is the responsibility of the DRCF Warden/Designee to ensure all DRCF officers attend yearly PREA training during in-service training. Signatures documenting that staff attended PREA training and test scores indicating an understanding of the training shall be maintained by the Jessup Regional Training."

DPSCS PREA Proofed Training slides provided to the Auditor contains all the elements below as identified in this provision and in accordance with MPCTC.018.0018:

- a) The DPSCS's zero tolerance policy on sexual abuse and sexual harassment.
- b) Methods for fulfilling responsibilities under the DPSCS sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- c) The right of inmates to be free from sexual abuse and sexual harassment.
- d) The right of inmates and staff to be free from retaliation for reporting sexual abuse and sexual harassment.
- e) The characteristics of sexual abuse and sexual harassment in confinement.
- f) The common reactions of sexual abuse and sexual harassment victims.
- g) How to detect and respond to signs of threatened and actual sexual abuse.
- h) How to avoid inappropriate relationships with inmates.
- i) How to communicate effectively and professionally with inmates, including LGBTI, or gender nonconforming inmates.
- j) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

During the interview process, 12 random staff were asked if they had received PREA training, and if so, when? All 12 officers indicated that they have received PREA training. Annual in-service training was mentioned 11 times, and when they were first hired and attending the academy was mentioned 1 time. When the Auditor reviewed staff files, it contained the dates of the initial training and proceeding PREA refresher training.

The evidence collected for this provision shows that the agency has procedures in place to train all employees on all relevant topics outlined in this standard provision. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.31 Provision (b)

OPS.200.0005 and OPS.050.0001 both state that, "The head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under this directive, shall ensure that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct and that written policy and procedures issued by the head of the unit related to the custody and security of an inmate comply with applicable federal PREA standards."

The facility reported that during In-Service all trainees are trained to conduct visual and pat searches on male, female, and transgender inmates. If an employee transfers to a unit of a different gender, they will be provided additional training including Managing Female Offenders and Trauma. Dorsey Run is a male only facility and therefore no additional training is required. The PREA Coordinator indicated that the training is designed for the management of both male and female inmates because staff job functions can change due to promotions or change of facility.

The evidence collected for this provision shows that the agency has trained all employees in all aspects of PREA regarding the specific gender facility. Therefore, there is no need to provide additional training when transferred to a facility that holds only one specific gender. Through written policy the facility has demonstrated that it meets this provision.

115.31 Provision (c)

DRCF 050.0030 states in part that; “It is the responsibility of the DRCF Warden/Designee to ensure every employee, Contractor, and Volunteer of DRCF that have contact with an inmate(s) under the authority of the facility is familiar with the DPSCS policy and DRCF policy and procedures prohibiting sexual misconduct and the procedures for handling all allegations through the Volunteer Activities Coordinator (VAC) and sign that they received and DRCF officers attend yearly PREA training during in-service training. Signatures documenting that staff attended PREA training and test scores indicating an understanding of the training shall be maintained by the Jessup Regional Training Department staff. All medical staff, education contractors, and student interns attend pre-service training initially and then annual in-service training that includes PREA information. All DRCF volunteers and contractors shall complete PREA education understood the training given. The forms shall be maintained by the VAC for audit.”

The Dorsey Run Correctional Facility provides PREA training on a yearly basis. All new employees receive initial training when attending the new-hire orientation and basic training. All new contractors and volunteers receive their initial training during the orientation process as well and then annually. This practice was confirmed by sampling employee training records. The files indicate that 204 staff employees received initial PREA training and received refresher training.

The evidence collected for this provision shows that the agency has provided initial and refresher PREA training to all their employees at least once a year. Therefore, through written policy and file review observations, the facility has demonstrated that it meets this provision.

115.31 Provision (d)

DRCF 050.0030.1 states in part that; “Every employee, Contractor, and Volunteer of DRCF that have contact with an inmate(s) under the authority of the facility is familiar with the DPSCS policy and DRCF policy and procedures prohibiting sexual misconduct and the procedures for handling all allegations through the Volunteer Activities Coordinator (VAC) and sign that they received and DRCF officers attend yearly PREA training during in-service training. Signatures documenting that staff attended PREA training and test scores indicating an understanding of the training shall be maintained by the Jessup Regional Training Department.”

The DRCF maintains training documentation that includes electronic training records which requires staff to Acknowledge receiving the training. These documents show either electronic verification or staff signatures from volunteers, contractors, and sworn staff verifying they understand the PREA training and materials they have received.

The evidence collected for this provision shows that the facility has provided documentation through employee signature, acknowledging that the employee understands the training received. Therefore, through written policy and file review observations, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the agency to train all employees who have contact with inmates on its zero-tolerance policy for sexual abuse and/or harassment. Also, how to fulfill their responsibilities for preventing, detecting, reporting, and responding to sexual abuse. The inmates and employees’ rights to be free from retaliation, inmates right to be free from sexual abuse, the dynamics of sexual abuse in confinement, common reactions of sexual abuse victims, how to communicate effectively with inmates, including LGBTQ inmates, and how to comply with relevant laws related to mandatory reporting of sexual abuse.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) OPS.050.0001 (Sexual Misconduct)
- b) DRCF 050.0030.1 (Sexual Misconduct)
- c) DRCF PREA Information Handout
- d) Contractors PREA Acknowledgement Forms
- e) PREA Brochure for Contractors and Volunteers
- f) Volunteer Manual
- g) Volunteer background clearance checks

Interview:

1. Interview with Volunteers
2. Interview with Contractors

115.32 Provision (a)

DRCF 050.0030.1 states in part that; “Every employee, Contractor, and Volunteer of DRCF that have contact with an inmate(s) under the authority of the facility is familiar with the DPSCS policy and DRCF policy and procedures prohibiting sexual misconduct and the procedures for handling all allegations through the Volunteer Activities Coordinator (VAC) and sign that they received and DRCF officers attend yearly PREA training during in-service training. Signatures documenting that staff attended PREA training and test scores indicating an understanding of the training shall be maintained by the Jessup Regional Training Department staff. All medical staff, education contractors, and student interns attend pre-service training initially and then annual in-service training that includes PREA information. All DRCF volunteers and contractors shall complete PREA education understood the training given. The forms shall be maintained by the VAC for audit purposes.”

Volunteers and Contractors are trained during their initial orientation and are required to acknowledge that they have received the necessary PREA training by signing a Dorsey Run Correctional Facility PREA Acknowledgement Statement. The facility maintains all copies of signed volunteer and contractor acknowledgement forms and the facility provided examples of those forms as evidence of their compliance.

During the interview with a volunteer, the Auditor asked if they had been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. The volunteer explained that she received all the training in writing and that it occurred during the initial orientation. She further indicated that the training consisted of a list of behaviors to watch for, report any allegations or suspicions, and not to get into certain situations.

While performing the document review and the PAQ review the Auditor observed multiple signed volunteer/contractor PREA Acknowledgement forms.

The evidence collected for this provision shows that the agency has procedures in place to ensure all volunteers or contractors that have contact with inmates are trained on the prevention, detection, and response policies regarding sexual abuse and sexual harassment. Therefore, through written policy, personal observations, and interviews conducted, the agency has demonstrated that it meets this provision.

115.32 Provision (b)

DRCF 050.0030.1 states in part that; “Every employee, Contractor, and Volunteer of DRCF that have contact with an inmate(s) under the authority of the facility is familiar with the DPSCS policy and DRCF policy and procedures prohibiting sexual misconduct and the procedures for handling all allegations. All medical staff, education contractors, and student interns attend pre-service training initially and then annual in-service training that includes PREA information. All DRCF volunteers and contractors shall complete PREA education understood the training given. The forms shall be maintained by the VAC for audit purposes.”

The facility currently reports 36 contractors and volunteers receiving 100% participation in training. Volunteers and contractors are trained during their initial orientation and are required to acknowledge that they have received the necessary PREA training by signing a PREA Acknowledgement form. The facility maintains all copies of signed Volunteer and Contractor Acknowledgement forms.

When interviewing the volunteer, she stated that training consisted of a list of behaviors to watch for, report any allegations or suspicions, and not to get into certain situations. Also, if she was confronted with an allegation, how

she would report it to an officer or the Volunteer Coordinator. The PREA contractor and volunteer training manual provided in the PAQ contains information regarding the agency's zero-tolerance towards all sexual abuse and the PREA volunteer and contractor acknowledgement form confirms receipt of that information.

The evidence collected for this provision shows that the agency has procedures in place to ensure all volunteers or contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.32 Provision (c)

DRCF 050.0030.1 states in part that; "All medical staff, education contractors, and student interns attend pre-service training initially and then annual in-service training that includes PREA information. All DRCF volunteers and contractors shall complete PREA education understood the training given. The forms shall be maintained by the VAC for audit purposes."

The volunteer and contract employee acknowledgement forms are maintained by the Volunteer Activities Coordinator and observed during the document review phase of this audit. In addition, the facility provided several examples of signed PREA acknowledgment forms in the PAQ.

The evidence collected for this provision shows that the agency has procedures in place to ensure all volunteers or contractors documentation confirming that they received PREA training and understood that training. Therefore, through written policy and personal observations, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring PREA training for both volunteers and contractors.

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 the comprehensive education referenced in 115.33(b)? ☒ 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)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DRCF 050.0030.1 (Sexual Misconduct)
- b) DOC.200.0001 (Detainee Legal Matters)
- c) OPS.050.0001 (Sexual Misconduct)
- d) PREA Brochure in English and Spanish
- e) PREA Posters in English and Spanish
- f) PREA Training Acknowledgement Forms
- g) Dorsey Run Correctional Facility Orientation Acknowledgement Forms
- h) OPS.001.0008 (Inmate Handbooks)

Interview:

- 1) Interview with Intake Staff
- 2) Interview with Random Inmates

115.33 Provision (a)

When inmates arrive at the Dorsey Run Correctional Facility they initially receive a PREA Brochure that outlines the facility's reporting options. The brochure indicates that an inmate can talk to any staff member that they feel comfortable with. This can be a correctional officer, teacher, nurse, chaplain, or anyone else. They can report to the PREA Hotline. The toll-free number is 410-585-3177. You will get a recorded message and you leave as much information as you can. Remember to always give the name of your facility as we cannot investigate if we do not have enough information. All information will be kept confidential. You may report the incident through the Administrative Remedy Process (ARP). Emergency reports will be investigated promptly. The brochure also explains that the Department has a zero-tolerance policy for sexual abuse or sexual harassment. No sexual contact is allowed, and all complaints of sexual abuse or sexual harassment will be investigated. Any inmate or staff member who sexually abuses or harasses an inmate will be disciplined and/or prosecuted.

DRCF 050.0030.1 states in part that; "The facility will ensure that PREA information is readily and continually visible through signs, posters, brochures, videos (showing must be documented), inmate handbook, etc. During the initial intake screening and orientation all inmates shall receive information about sexual misconduct."

The Dorsey Run Correctional Facility identified that there were 1414 inmates admitted into their facility in the last twelve months. Of those 1414 inmates, the facility reported that all inmates received the initial PREA information during the intake process along with comprehensive PREA educational information from the Case Manager within 7 days of transferring to the DRCF.

During the interview with the Intake Officer, the case manager was asked if she provides the inmates with information about the agency's zero-tolerance policy and how to report sexual abuse and harassment. The Intake Officer replied, "Yes" she does. She explained that the inmates are given a PREA video to watch and sign an acknowledgement form that indicates they reviewed and understand the information provided. She also indicated that all inmates receive a PREA Brochure when they first arrive at the facility. Finally, the case manager indicated that there are posters mounted on the walls throughout the facility that explain these same instructions. When the Auditor interviewed 16 random inmates and 15 targeted inmates, they were asked if they had received information about the facility's rules against sexual abuse and harassment. 30 inmates affirmed and acknowledged that they had received PREA educational information. One inmate explained that he did not recall. Of those 31 inmates interviewed, 18 inmates specifically indicated that they had received the training in the form of a video and/or paperwork. That it was in-person (verbal orientation), and that they were given that information immediately upon arriving at the facility.

The evidence collected for this provision shows that the facility has procedures in place to ensure that inmates receive information explaining how to report sexual abuse and the agency's policy on zero-tolerance for sexual abuse or harassment at the time of intake. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.33 Provision (b)

DPSCS 050.0030.1 states in part that; "During the initial intake screening and orientation all inmates shall receive information about sexual misconduct. During orientation Case Management staff will show the PREA video in order to explain the institution's zero tolerance policy regarding sexual abuse and harassment, how to report incidents or suspicions of incidents, and explain the inmates' right to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents. Inmates will acknowledge participation in PREA education by signing the Orientation Information Acknowledgement form. Orientation shall be conducted within 7 days of the inmate's arrival at the facility."

The Dorsey Run Correctional Facility identified 1411 inmates whose length of stay in the facility was over 30 days or more in the last twelve months. Of those 1411 inmates, the facility reports that all have received comprehensive PREA education regarding sexual abuse or harassment.

The Auditor interviewed an Intake Officer who stated that PREA information is provided to inmates through an orientation process that includes viewing a PREA video. The officer also stated that the inmates must receive a PREA orientation within the first seven days of arrival to the facility.

The Auditor also interviewed 31 inmates. Those inmates were asked if they were told about their right to not be sexually abused, how to report a sexual abuse, the right not to be punished for reporting a sexual abuse, and how long before they were made aware of these policies? 40 of the 41 inmates confirmed receiving the PREA information within a week after arriving at the facility.

The evidence collected for this provision shows that the agency has procedures in place to ensure that all inmates receive a comprehensive education regarding their right to be free from sexual abuse, sexual harassment, and all forms of retaliation. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

115.33 Provision (c)

OPS.001.0008 states in part that, "The Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format that the inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate." The policy further states that, "A managing official shall ensure that an inmate newly assigned

to a facility under the authority of the managing official receives a copy of the applicable inmate handbook, and if applicable, supplemental documents within seven days of the date the new inmate arrives at the facility and ensure the inmate signs a receipt for the inmate handbook.” OPS.050.0001 and OPS.200.0005 states that, “The head of a unit, or designee, responsible for the custody and security of an inmate, shall ensure that Department and agency policy prohibiting sexual misconduct and inmate on inmate sexual conduct, procedures for filing a complaint and inmates rights related to sexual misconduct and inmate on inmate sexual conduct are effectively communicated to an inmate: as part of the orientation process; by including in the facility’s inmate orientation paperwork; and the facility’s inmate handbook.”

During the inmate file review, the Auditor reviewed 30 total inmate files. From those files, the results indicated that 28 files contained evidence of the PREA comprehensive education training within 7 days.

When the Intake Officer was asked how they ensure that current inmates, along with those transferred from another facility, have been educated on agency’s zero-tolerance policy and sexual abuse? The case manager explained that part of her responsibility as an intake officer is to provide all arriving inmates with the zero-tolerance policy and how to report sexual abuse, the orientation packet, and watch the PREA video. She stated the inmates sign and acknowledged an orientation PREA training form as evidence that they received the comprehensive training. Finally, the case manager indicated that there are painted posters on the walls throughout the facility that explain these same instructions.

The evidence collected for this provision shows that the agency has procedures in place to ensure that all inmates who have not received PREA education shall be educated within 1 year of the effective date. Also, that inmates receive PREA education upon transfer to another facility. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.33 Provision (d):

The Dorsey Run Correctional Facility provided examples of different inmate PREA educational materials in formats that would be accessible to all inmates in accordance with *Title VII of the Americans with Disabilities Act, 42 U.S.C.* These formats include but are not limited to: Interpreters for the deaf, reading material to the visually impaired, video in both English and Spanish with subtitles, and providing Interpreters services for non-English speaking inmates.

The Dorsey Run Correctional Facility utilizes Language Line Solutions and Purple to provide ADA services such as American Sign Language, and Language Line Solutions for interpreter services. In addition, the facility provides contracted medical care through Corizon Health Care for those inmates that may suffer from physical or intellectual disabilities. Furthermore, there are subtitles that are shown during the PREA educational video to ensure all inmates receive the information. The video is also audio for those who are visually impaired or those who may have limited reading skills. The DRCF also provided documentation of versions of their PREA information and posters in Spanish.

The evidence collected for this provision shows that the agency has procedures in place to ensure that the facility provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, and limited reading skills. Therefore, through written policy and personal observations, the facility has demonstrated that it meets this provision.

115.33 Provision (e)

DRCF 050.0030.1 states in part that; “All inmates shall receive comprehensive PREA education as well as institutional specific PREA training within seven (7) days of arrival at DRCF. All inmates shall sign a form indicating that they have participated in the training. Signature sheets shall be maintained in the inmate’s base file.”

The facility utilizes two acknowledgement form that are signed by the inmate acknowledging that they had received the PREA orientation, and the paperwork associated with that information. The first form is referred to as the PREA Training Acknowledgement Form and the second form is the Dorsey Run Correctional Facility Acknowledgement of Orientation. These forms are maintained in the inmate's classification file. This information was verified by the Auditor while reviewing inmate files during the document review phase of this audit. In addition, the facility provided numerous signed PREA Training Acknowledgement and DRCF Orientation forms in the PAQ.

During the file review process, the Auditor reviewed 30 inmate files and identified that two inmate files were missing the documentation needed to show compliance with providing the necessary PREA information and comprehensive PREA education in accordance with DPSCS agency policy. The facility immediately addressed those concerns, corrected the necessary training, and provided the Auditor documentation prior to the conclusion of the on-site visit. The Auditor is satisfied with the action taken.

The evidence collected for this provision shows that the agency has procedures in place to ensure that the agency maintains documentation of inmate participation in PREA education sessions. Therefore, through written policy and personal observations, the facility has demonstrated that it meets this provision.

115.33 Provision (f)

DRCF 050.0030.1 states in part that; "PREA information is readily and continually visible through signs, poster, brochures, videos, and the inmate handbook."

The DRCF has posters strategically posted and painted on walls throughout the facility, in every housing unit, and departments i.e. (kitchen, educational and vocational classrooms) to ensure compliance with PREA standards. The Auditor personally observed these posters during the facility site review. All inmates are also issued a DRCF Inmate Handbook which has all PREA related information documented inside. This Handbook is also available on the inmate tablets for review and in multiple languages.

The evidence collected for this provision shows that the agency has procedures in place to ensure that information will be continuously and readily available or visible to inmates. Therefore, through written policy and personal observations, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring PREA inmate education.

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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) OPS.050.0001 (Sexual Misconduct)
- b) OPS.200.0005 (Inmate-on-Inmate Sexual Conduct)
- c) OSPS.200.0004 (Inmate-on-Inmate Sexual Conduct)
- d) OSPS.050.0030
- e) Internal Investigative Unit's Employee Training History

Interview:

- 1) Interview with Investigative staff

115.34 Provision (a)

OSPS.200.0004 and OSPS.050.0030 states in part that; "To the extent possible, but in every case where the allegation of alleged inmate on inmate sexual conduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses:

- a) Interviewing sexual abuse victims.
- b) Using Miranda and Garrity warnings protecting against self-incrimination.
- c) Sexual abuse evidence collection; and
- d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution."

All sexual abuse and sexual harassment investigators who conduct criminal investigations at the Maryland Department of Corrections have received specialized training. This specialized training is through the Maryland Police & Correctional Training Commission. The class title is "PREA Specialized Training/Investigations." This training is only offered to the Internal Investigation Unit (IIU) investigators. The facility provided electronic copies of the officers' DPSCS training history that show the course completion for all IIU investigators.

When interviewing the Investigative staff, the IIU investigator stated that he received the PREA investigative training in 2015 and has also attended additional Investigator classes. The IIU Investigator stated that the PREA classes dealt with the proper use of Garrity and Miranda in criminal cases, evidence collection, and interview techniques.

The evidence collected for this provision shows that the agency has procedures in place to ensure that agency investigators receive specialized training in the art of investigating sexual abuse in a confinement setting. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.34 Provision (b)

OSPS.200.0004 and OSPS.050.0030 states in part that; "To the extent possible, but in every case where the allegation of alleged inmate on inmate sexual conduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically addresses:

- a) Interviewing sexual abuse victims.
- b) Using Miranda and Garrity warnings protecting against self-incrimination.

- c) Sexual abuse evidence collection; and
- d) Criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.

The Auditor reviewed the training required by the DPSCS through the lesson plan and located all the above listed topics and discussion points. The Auditor also located a section specifically addressing the use of Miranda and Garrity rights as required by this standard. All investigators who conduct sexual abuse or sexual harassment criminal or administrative investigations at DRCF have received specialized training.

When interviewing the IIU investigator, the investigator confirmed receiving training in the art of interviewing sexual abuse victims, proper use of Miranda and Garrity, sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The evidence collected for this provision shows that the agency has procedures in place to ensure that agency investigators receive specialized training in the art of investigating sexual abuse in a confinement setting. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.34 Provision (c)

The Dorsey Run Correctional Facility has provided copies of specialized training records for all staff trained in investigating sexual abuse in a confinement setting in the form of an electronic copy of the Internal Investigative Units Investigators' Employee Training Histories.

The evidence collected for this provision shows that the agency has procedures in place to ensure that all staff responsible for investigating sexual abuse have received additional specialized training and maintains the documentation necessary to prove that training. Therefore, through written policy and personal observation by documents provided, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring specialized training for investigators who perform sexual abuse and sexual harassment investigations.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

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 or the agency does not employ medical staff.) ☐ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DRSCS.020.0026 (PREA-Federal Standards Compliance)
- b) Centurion/Corizon Health Services Policy & Procedure J-F-06.00 (Response to Sexual Abuse)
- c) Centurion/Corizon Health Services Site Staff Orientation (CHSSO) Clinical Modules
- d) CHSSO PREA eLearning Module
- e) PREA Audit Manual

Interview:

- 1) Interview with Medical & Mental Health Staff

Observations made during the on-site audit and document review.

115.35 Provision (a)

DPSCS.020.0026 states indicates that; “The 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 and at a minimum is responsible for ensuring that Department PREA-related activities comply with federal PREA standards in the following areas such as training, education and medical and mental health care.”

Corizon Health policy J-F-06.00 states in part that; “Health Staff are trained to detect, assess, and respond to signs of sexual abuse and sexual harassment, preserve physical evidence of sexual assault, notify the Health Services Administrator (HSA) and Site Medical Director (SMD) of any sexual assault occurrences.”

The Auditor reviewed the required specialized training through the Centurion/Corizon Health Services Site Staff Orientation (CHSSO) Clinical Modules and concluded that the modules appear to address how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how/whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility reported that there are 25 medical health staff professionals employed at the DRCF who work regularly with inmates and have received the specialized training as required by the agency's policy. During the pre-audit phase, the Auditor was provided with an electronic copy of certificates of completion (PREA Specialized Training Medical/Mental Health) training showing that medical staff and mental health staff had completed the specialized course.

When interviewing the medical and mental health staff, they informed the Auditor that they had previously received online PREA training from Centurion and also received agency training on an annual basis.

The evidence collected for this provision shows that the agency has procedures in place to ensure that medical and mental health personnel receive additional training as outlined in this standard. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.35 Provision (b)

The Mercy Hospital in Baltimore MD employs Sexual Assault Nurse Examiners (SANE) that perform forensic medical exams for this facility. Medical staff at this facility do not conduct forensic medical examinations. This practice was confirmed during the interview conducted with the Facility Health Service Administrator and mental health staff who stated that they do not perform forensic medical examinations. Therefore, this standard is not applicable to the Dorsey Run Correctional Facility.

The evidence collected for this provision shows that the agency does not perform forensic medical examinations. Therefore, this provision is not applicable to the Dorsey Run Correctional Facility.

115.35 Provision (c)

The facility provided a copy of an electronic print-out confirming the completion of the required PREA agency training and the contracted medical service “Centurion” provide certificates of completion regarding the specialized PREA training for all medical and mental health professionals.

The evidence collected for this provision shows that the agency has procedures in place to ensure that all medical and mental health staff have received additional specialized training. Therefore, through written policy and documents provided, the facility has demonstrated that it meets this provision.

115.35 Provision (d)

DPSCS 050.0030.1 states in part that; “Every employee, Contractor, and Volunteer of DRCF that have contact with an inmate(s) under the authority of the facility is familiar with the DPSCS policy and DRCF policy and procedures prohibiting sexual misconduct and the procedures for handling all allegations through the Volunteer Activities Coordinator (VAC) and sign that they received and DRCF officers attend yearly PREA training during in-service training. Signatures documenting that staff attended PREA training and test scores indicating an understanding of the training shall be maintained by the Jessup Regional Training Department staff. All medical staff, education contractors, and student interns attend pre-service training initially and then annual in-service training that includes PREA information.”

During the pre-audit phase, the agency provided copies of training records indicating that medical staff receive the same in-service annual PREA training that security staff receives. In addition, while interviewing medical and mental health staff, the Auditor was told that they receive PREA training on an annual basis.

The evidence collected for this provision shows that the agency has procedures in place to ensure that all medical staff receive the same PREA training that volunteers, contractors, and security staff receive. In addition, they receive this training on an annual basis. Therefore, through written policy and documents provided, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring specialized training for Medical and Mental health care.

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, as 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, as 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, as 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 an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DRCF 050.0030.1 (Sexual Misconduct)
- b) OPS.200.0006 (Assessment for Risk of Sexual Victimization)
- c) PREA Intake Screening Forms

Interviews:

- 1) Interview with Staff performing Risk Screening
- 2) Interview with Random Inmates
- 3) Interview with PREA Coordinator
- 4) Interview with PREA Compliance Manager (PCM)

Observations made during the on-site audit and document review.

115.41 Provision (a)

DRCF 050.0030.1 states in part that; "Inmates who transfer to the facility are screened using PREA Intake Screening Instrument (Attachment I to OSPS.200.0005) within 72 hours of arrival. Custody staff assigned to traffic shall complete the initial PREA screening form upon the arrival of inmates transferring to this facility." Policy OPS.200.0006 states that, "The Department shall use a screening instrument as part of the intake and facility transfer process and at other times deemed appropriate to assess each inmate's risk for being sexually abused or being sexually abusive towards other inmates."

During the interview with the officer who performs risk screening, the Auditor asked if the officer screened inmates for risk of sexual victimization upon arrival or transfer from another facility. The officer stated that, “Yes, she does.” Also, during the interviews with 31 inmates; 267 inmates recalled having been asked those specific questions listed below, 3 inmates stated they did not get asked those questions at this facility, and 2 inmates did not recall. The Auditor reviewed the risk assessment questionnaire called the “PREA Intake Screening Instrument” and identified that the screening form asks eighteen PREA related questions, such as the following:

- Is this your first major incarceration?
- Were you ever sexually assaulted or abused as a child or adult?
- Do you consider yourself or identify with being LGBT?
- Do you have any reason to fear placement in the general population?

The evidence collected for this provision shows that the agency has procedures in place to ensure all inmates receive a risk screening evaluation for the risk of being sexually abused while incarcerated. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.41 Provision (b)

DRCF 050.0030.1 states in part that; “Inmates who transfer to the facility are screened using PREA Intake Screening Instrument (Attachment I to OSPS.200.0005) within 72 hours of arrival. Custody staff assigned to traffic shall complete the initial PREA screening form upon the arrival of inmates transferring to this facility.” In addition, policy OPS.200.0006 states that, “The PREA Coordinator shall ensure that procedures for using the approved screening instrument protocol at a minimum, require that each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential for abusiveness within 72 hours of arrival at a facility.”

The facility reported that they received 1414 inmates into their facility with a length of stay of more than 72 hours during the last twelve months. The facility reports that 100% of the inmates received a risk screening assessment for risk of being sexually abused during incarceration.

The facility provided samples of completed risk screening forms during the pre-audit phase and downloaded those documents into the Pre-audit Questionnaire. In addition, during the document review, the Auditor observed completed PREA Intake Risk Screening Instrument forms in the inmate record files.

When conducting the interview with staff responsible for performing risk-screening assessments, the officer stated that she conducts the risk screening process within 72 hours of the inmate being transferred to the facility. As stated in the previous provision, the Auditor interviewed 31 inmates, for which 26 inmates indicated that they had been questioned about sexual victimization upon arriving at the facility. When conducting the inmate file review of 30 inmate files, the Auditor identified that all 30 files contained the necessary risk screening forms which indicated that all 30 inmates had a risk screening performed within the first 72 hours of arriving at the facility.

The evidence collected for this provision shows that the agency has procedures in place to ensure that all inmates are screened for the risk of sexual abuse within 72 hours of arrival at the facility. Therefore, through written policy, personal observations, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.41 Provision (c)

The risk screening instrument consists of eighteen overall ‘yes or no’ questions with twelve specifically addressing sexual victimization and six regarding sexual aggression. In addition, the instructions indicate that if an inmate answers ‘yes’ to a certain amount of sexual victimization questions then that inmate will be deemed a potential heightened risk of being sexually victimized. If the inmate answers ‘yes’ to a certain amount of sexual aggressive questions, then that inmate will be deemed a potential heightened risk of being sexually aggressive. The officer calculates and determines the outcome by the questions asked. Therefore, there is no subjectivity to this assessment.

When interviewing the officer responsible for conducting the risk screening, she was asked what the initial risk screening considers and what is the process for conducting the risk screening? The officer indicated that the risk screening considers charges, sexual victimization, LGBTQ, how they identify, if they feel safe, and an array of other topics. The officer also stated that the process takes place at a computer, in a private setting.

Through observations, interviews, and policy the facility has demonstrated that it uses an objective risk assessment tool to identify potential inmates at risk of being sexually victimized or sexually aggressive. Therefore, the facility meets this provision.

115.41 Provision (d)

OPS.200.0006 states that, “The PREA Coordinator shall ensure that a screening instrument is used to objectively assess an inmate's risk of sexual victimization that, at a minimum, considers:

- (a) The presence of a mental, physical, or developmental disability.
- (b) The age of the inmate.
- (c) The physical build of the inmate.
- (d) Previous incarceration.
- (e) If the inmate's criminal history was exclusively nonviolent.
- (f) Prior convictions for sex offenses against an adult or child.
- (g) If the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- (h) History of sexual victimization.
- (i) The inmate's own perception of vulnerability; and
- (j) If the inmate is detained solely for civil immigration purposes.

The staff member responsible for performing risk-screening assessments was asked what the risk screening considered and what is the process for conducting these assessments. The officer stated the assessment asks questions, such as: has the inmate been sexually abused in the past, sexual violence, gender identity, and the age and stature of the inmate. Finally, the officer stated that the screening is conducted face to face and is scored in accordance with the answers that are given in identifying potential inmate victims or aggressors. She also stated that mental health staff makes the determination related to if the inmate suffers from mental or developmental disability issues.

The DRCF does not detained solely for civil immigration purposes and therefore not applicable.

The evidence collected for this provision shows that the agency has procedures in place to ensure that the intake screening shall consider, at a minimum, the 10 criteria identified in this standard provision. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.41 Provision (e)

OPS.200.0006 indicates that, “The PREA Coordinator shall ensure that a screening instrument is used to objectively assess an inmate's risk of sexual victimization that, at a minimum, considers: Being sexually abusive that, at a minimum, considers:

- (a) Previous acts of sexual abuse.
- (b) Prior convictions for violence or sexual abuse; and
- (c) History of institutional violence or sexual abuse.”

The risk screening form utilized by the DRCF does consider prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional sexual abuse. The staff member responsible for performing risk-screening assessments was asked what the risk screening considered and what is the process for conducting these assessments. The officer stated the assessment asks questions such as; has the inmate had prior acts of sexual abuse in the past, prior convictions of sexual assault, and known to the agency as a prior sexual abuse aggressor.

The evidence collected for this provision shows that the agency has procedures in place to capture and ask the questions listed above surrounding potential aggressor behavior. Therefore, through document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.41 Provision (f)

DRCF 050.0030.1 states in part that; “Case Management will ensure the inmate's PREA Screening Intake Instrument is reviewed, and risk scores are updated within 30 days of transfer into the facility if any additional information has been received since the inmate's initial screening. If the inmate's housing needs to be changed as a result of the updated score. Case Management will notify traffic immediately.” Policy OPS.200.0006 further states that, “Case Management staff re-assess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness based upon additional, relevant information received by the facility since the initial screening.”

During the pre-audit, the facility reported 1411 inmates that entered the facility over the last twelve months and stayed more than 30 days. Out of those inmates, the agency reported all 1411 inmates were reassessed within 30 days after their arrival at the facility for risk of sexual victimization based upon any additional-relevant information received since intake over the last twelve months.

The staff member responsible for performing risk-screening assessments was asked how long after arrival are inmates risk levels reassessed. The officer stated that within 30 days from the initial arrival to the facility a case manager conducts a reassessment. When interviewing 31 inmates, they were asked if staff had ever asked PREA related questions again during their incarceration. 6 inmates stated that they had, 24 inmates stated that they had not, and 2 inmates could not recall. The Auditor reviewed 30 inmate files, and all 30 files contained the reassessment documentation. Because of the discrepancy in the majority of the inmates not being asked those questions again, the Auditor began to try and determine the cause of this inconsistency. After conversations with the PREA Coordinator, he indicated that the case managers complete the reassessments within 30 days and that they do not ask all the questions again, rather they ask if anything has changed or if the inmates have had any

issues since they arrived. Because of this protocol the Auditor determined that this was more than likely due to the fact that the reassessment does not involve the full protocol of questions. Inmates are not asked the risk screening questions again, but rather are asked if anything has changed since their arrival or if they have had any issues since they arrived.

The evidence collected for this provision shows that the agency has procedures in place to conduct a 30-day risk screening reassessment based upon additional or relevant information received by the facility. They also have a tool to attempt to extract additional sexual safety information. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.41 Provision (g)

OPS.200.0006 states in part that; “An inmate's risk level to 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.”

When interviewing the staff responsible for conducting risk screening the officer stated that they are reassessed when warranted due to additional information received about the inmate’s sexual safety. However, that the case manager is responsible for performing that function.

The evidence collected for this provision shows that the agency has procedures in place to reassess an inmate’s risk of sexual victimization due to a referral, request, or additional information. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.41 Provision (h)

OPS.200.0006 states in part that; “That an inmate is not disciplined for refusing to answer or not disclosing complete information in response to screening questions relating to the presence of a mental, physical, or developmental disability; the inmate being or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; previous sexual victimization; or the inmate's own perception of vulnerability.”

When interviewing the staff responsible for conducting risk screening, the officer stated that the facility does not punish inmates if they chose not to answer the questions associated with the risk screening instrument.

The evidence collected for this provision shows that the agency has procedures in place to prevent inmates from being disciplined for refusing to answer or for not disclosing complete information in response to risk screening. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.41 (i)

OPS.200.0006 states in part that; “Appropriate controls to be in place for facility dissemination of information collected during screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.” DRCF policy 050.0030.1 further indicates that, “Case Management will ensure that risk information is entered in the base file and in the Offender Case Management System (OCMS) to inform housing, bed, work, education, and program assignments.”

When interviewing the PREA Coordinator, he was asked who has access to the inmates’ risk screening information. The coordinator explained that the information is kept in the case file and stored in a locked cabinet. If the file is used or copied then that specific personnel must have a key to access the cabinet. The PREA Compliance Manager echoed those same remarks and reiterated that only individuals that have keys to the locked

cabinet can access the files. The staff member responsible for conducting risk screening explained that only certain positions have access depending on their job description and permissions granted to access that information. She identified traffic officers, case management, and administrative officials have access to the files.

The evidence collected for this provision shows that the agency has procedures in place to control access to the risk screening information collected by the facility and that the information is not exploited. Therefore, through document review and interviews conducted, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring screening for risk of victimization and abusiveness.

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DRCF 05.0030.1 (Sexual Misconduct)
- b) OPS 200.0006 (Assessment for Risk of Sexual Victimization & Abusiveness)
- c) Intersex & Transgender Inmates-Semiannual Review

Interviews:

- 1) Interview with Staff performing Risk Screening
- 2) Interview with PREA Compliance Manager
- 3) Interview with Transgender inmate

Observations made during the on-site audit and document review.

115.42 Provision (a)

DRCF.050.0030.1 states in part that; "Traffic officers shall base their housing decisions upon the results of the initial PREA screenings. Inmates who are identified as potential victims (VP) shall be housed in housing units 1, 3, and 4. Inmates who are identified as potential aggressors (AP) shall be housed in housing unit 2. All forms shall be forwarded to the Case Management Department." Policy OSP.200.0006 further states that, "When making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive."

The PREA Compliance Manager stated during the interview that risk screening is part of the classification process and that they try to make sure possible victims are kept separate from possible abusers. The staff member responsible for conducting risk screening stated during her interview that the assessment is used to gather information to determine housing, education, work assignments, and programs. She further indicated that the tool is used to identify high-risk aggressors and high-risk victims suitable for a dorm style housing unit.

The evidence collected for this provision shows that the agency uses the information gathered during the risk screening process to influence the decision on where an inmate may be housed, attend programs, and where an inmate works. Keeping separate those inmates at elevated risk of being sexually victimized. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.42 Provision (b)

DRCF.050.0030.1 states in part that; “Case Management will ensure that risk information is entered in the base file and in the Offender Case Management System (OCMS) to inform housing, bed, work, education, and program assignments. When considering an inmate for job or program assignment, case management staff will review all applicable alerts, including PREA, prior to placement in that job or program. Case Management will notify the detail supervisors if any special consideration is appropriate due to an inmate's PREA status.” Policy OPS.200.0006 further indicates that, “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. When making individualized determinations as how to ensure the safety of each inmate.”

During the interview process, the Auditor asked the staff member responsible for risk screening how the agency uses the information from the risk screening to keep inmates safe. The officer stated that the information gathered during the screening is used to identify who may be a potential inmate victim, who may be a possible inmate aggressor, and then house those inmates accordingly.

The evidence collected for this provision shows that the agency makes individualized determinations about how to ensure the safety of each inmate. Therefore, through document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.42 Provision (c)

OPS.200.0006 that states in part; “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 ensure the inmate's health and safety; and if it presents management or security problems.”

The PREA Compliance Manager was interviewed and asked how the agency determines housing and programs for transgender or intersex inmates. The PREA Compliance Manager stated that the facility uses the risk screening form, and a case manager must interview a transgender or intersex inmate twice a year to determine if the inmate's housing assignment is appropriate and safe. Also, asking if the inmate feels safe. The PREA Compliance Manager also indicated that the inmate's request would be taken into consideration and that the inmate would have full access to all programs.

The facility reported one transgender inmate being housed at the DRCF at the time of the on-site audit phase. The Auditor was able to conduct an interview with that individual. The inmate indicated that she was asked about her own concerns about her safety. This transgender inmate utilized the cross-gender search deviation form when asked about how she wanted to be searched.

The evidence collected for this provision shows that the facility does consider housing assignments involving transgender and intersex individual on a case-by-case basis. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.42 Provision (d)

OPS.200.0006 states in part that; “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.”

When interviewing the staff member responsible for conducting risk screening assessments she explained that all inmates that identify as transgender or intersex have a re-assessment twice a year to make sure there is not a threat to their safety and these reassessments are completed by the case manager. She also indicated that the “Intersex &

Transgender Inmates-Semiannual Review” form is used to capture this meeting. The facility provided an example of a transgender inmate file where the Intersex & Transgender Inmates-Semiannual Review form was completed. The PCM also confirmed that all transgender or intersex inmates are reassessed twice a year to review any threats to safety experienced by the inmate.

The evidence collected for this provision shows that the agency has procedures in place to address reassessing a transgender or intersex inmates programming assignment at least twice a year to review any threats or safety concerns. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

115.42 Provision (e)

OPS.200.0006 states in part that; “A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered.”

When the PREA Compliance Manager was asked if the facility considers a transgender’s own views with respect to their safety, he stated that, “Yes, they do consider the inmates own views when deciding appropriate housing.” When the staff member responsible for conducting the risk-assessment was asked the same question, she also responded by stating that they do consider the transgender inmates own views when determining housing assignments.

The facility reported one transgender inmate being housed at the DRCF at the time of the on-site audit phase. The Auditor was able to conduct an interview with that individual. The inmate indicated that she was asked about her own concerns about her safety. This inmate also utilizes the “Personal Search Exception Card” when asked about how she wanted to be searched.

The evidence collected for this provision shows that the agency has procedures in place to consider a transgender or intersex inmate’s own view with respect to his or her own safety shall be given serious consideration. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.42 Provision (f)

OPS.200.0006 states in part that; “Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.”

The PREA Compliance Manager and the staff member responsible for conducting risk assessments were interviewed and asked if transgender and intersex inmates are afforded the opportunity to shower separately from other inmates, the PCM stated that, “Yes, they are allowed to shower during count time and early in the morning.” The staff member responsible for risk screening stated, “Yes, during certain times.” The Auditor interviewed one transgender inmate, and she indicated that she is allowed to shower separately, specifically stating that they could shower by themselves.

The evidence collected for this provision shows that the agency has procedures in place to allow transgender and intersex inmates to shower separately from other inmates. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.42 Provision (g)

OPS.200.0006 states in part that; “Lesbian, gay, bisexual, transgender, or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting inmates.”

During the interview process, the PREA Compliance Manager and Coordinator confirmed that the agency was not under any consent decree, legal settlement, or legal judgment requiring the facility to separate the LGBTQ community from everyone else. The PREA Coordinator stated during his interview that it is against policy and standards to segregate those inmates identified as LGBTQ solely on their sexuality. Finally, the Auditor interviewed one transgender inmate and three LGB inmates that confirmed they had not or is not being housed in a unit solely based on her sexual orientation or status.

The evidence collected for this provision shows that the agency has procedures in place to address not placing LGBTQ inmates in designated housing blocks based solely on their sexual orientation. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the use of screening information.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:
Documents:

- a) DRCF.50.0030.1 (Sexual Misconduct)
- b) OPS.200.0006 (Assessment for Risk of Sexual Victimization)
- c) Case Management Manual Section 17 (Special Confinement Housing)

Interviews:

- 1) Interview with Warden
- 2) Interview with Staff who supervise inmates in segregated housing

Observations made during the on-site audit and document review.

115.43 Provision (a)

DRCF 050.0030.1 states in part that; “Inmates at high risk of sexual victimization shall not be placed involuntary segregated housing unless an assessment of all available alternative has been made considered and a determination has been made, and there is not an available alternative mean of separation from likely abuser. If the institution cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.”

The DRCF has reported that they prohibit the use of segregated housing, and that the facility is not equipped with any single cell housing accommodations to allow segregation. The Case Management Manual, section 17 states that, “Protective Custody is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. These may include but not limited to transfer of the inmate to a different housing unit within the institution, lateral transfer of the inmate to another institution of the same security level, transfer of the inmate's documented enemy or enemies to another institution, transfer of the inmate to another state under the provisions of Interstate Corrections Compact, or assignment to home detention.”

The Warden stated during his interview that his facility does not a segregation area and therefore if required, the inmate would need to be immediately moved to another facility. It should be noted that DRCF is completely surrounded by other Maryland Department of Corrections facilities in the same complex. He also reported that his facility had no instances or had never experienced a situation where an inmate at high risk of sexual victimization was housed in involuntary segregation over the last twelve months.

The evidence collected for this provision shows that the agency has procedures in place to address not using segregated housing for those inmates at high risk of victimization unless no alternative means of separation is available. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.43 Provision (b)

DRCF 050.0030.1 states in part that; “Inmates placed in segregation housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible.”

The facility reported no instances where an inmate was placed in segregation based on the high probability of sexual victimization. During the facility tour, the Auditor saw no evidence that suggests the DRCF has the capability to segregate inmates or a restrictive housing unit. The Auditor also reviewed the housing assignments to verify that no inmate was being housed involuntarily due to the risk of being sexually victimized.

There were no interviews conducted with a staff member that would supervise inmates in segregated housing because the facility has no means to segregate an inmate, and this practice is prohibited at this facility. The Auditor did not interview any inmate housed in a segregated housing unit due to possible victimization because the facility reported no instances of such a situation and the Auditor found no evidence of this circumstance.

The evidence collected for this provision shows that the agency has procedures in place to ensure that if an inmate is placed in segregation due to the high risk of being sexually victimized that the inmate would retain all the privileges and opportunities that all other inmates are afforded. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.43 Provision (c)

The DRCF has reported that they prohibit the use of segregated housing, and that the facility is not equipped with any single cell housing accommodations to allow segregation. The Case Management Manual, section 17 states that, "Protective Custody is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. These may include but not limited to transfer of the inmate to a different housing unit within the institution, lateral transfer of the inmate to another institution of the same security level, transfer of the inmate's documented enemy or enemies to another institution, transfer of the inmate to another state under the provisions of Interstate Corrections Compact, or assignment to home detention."

The Warden stated during his interview that his facility does not have a segregation area and therefore if required, the inmate would need to immediately be moved to another facility. It should be noted that DRCF is completely surrounded by other Maryland Department of Corrections facilities in the same complex. He also reported that his facility had no instances or had never experienced a situation where an inmate at high risk of sexual victimization was housed in involuntary segregation over the last twelve months.

The evidence collected for this provision shows that the agency has policies in place to ensure that if an inmate is placed in involuntary segregation, such assignment would not exceed 30 days. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

115.43 Provision (d)

The facility has reported no instances of inmates at risk of sexual victimization who were being held in involuntary segregated housing in the past twelve months. Where documentation regarding the facility's concern for the inmate's safety, and the reason to why no alternative means of separation, was available. As mentioned numerous times in this standard, the facility both prohibits and has no means of segregating inmates at the DRCF.

The Warden reported no instances where the facility had an inmate at high risk of victimization placed in restrictive housing until an alternative could be found, and ordinarily this will not exceed 30 days. The Warden indicated that the facility will clearly document the basis for their concern for the inmate's safety and the reason why no alternative could be found if they experienced such an event. There was no such event that occurred during this audit period.

The DRCF has reported no instances of assigning any inmate to involuntary segregated housing for the purpose of separating that inmate due to the high risk for sexual victimization.

The evidence collected for this provision shows that the agency does have a written policy in place to address documenting the basis for the segregation and why no alternative means of separation could be arranged. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.43 Provision (e)

The Case Management Manual, section 17, Special Confinement Housing, states in part that; “An inmate assigned to administrative segregation shall be reviewed by the case management team at least once every 30 days (every seven days for the first 60 days, then every 30 thereafter).”

There was no interview conducted with an officer assigned to the segregated housing unit, because the facility does not have a segregated housing unit.

The evidence collected for this provision shows that the agency has procedures in place to reassess and review an inmate’s housing assignment every 30 days to see if there is a continued need for separation. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

Recommendation: The Auditor is recommending that the DRCF add language to their facility policy to address the actual practice and protocol of that facility due to the nature of the facility not having the ability to segregate an inmate (and if necessary the inmate must be transferred.)

Conclusion:

Based upon the review and analysis of all the available evidence the PREA Auditor has determined that the facility is fully compliant with this standard requiring limitations on protective custody.

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DRCF 050.0030.1 (Sexual Misconduct)
- b) OPS.200.0005 (Inmate-on-Inmate Sexual Conduct Prohibited)

- c) OPS.050.0001 (Sexual Misconduct Prohibited)
- d) DRCF Facility Handbook in English & Spanish
- e) PREA Intake & Reception Sheet in English & Spanish
- f) DPSCS PREA Hotline Poster
- g) DRCF PREA Brochure
- h) PREA Posters in both English and Spanish

Interviews:

- 1) Interviews with Random Staff
- 2) Interviews with various inmates
- 3) Interview with PREA Compliance Manager

Observations made during the on-site audit and document review.

115.51 Provision (a)

The facility has provided multiple ways to report a sexual abuse or sexual harassment allegations in a private setting. These reporting options are listed in written policy, confirmed through interviews, and observed through posters and handouts. OPS.200.0005 states in part that; “A complaint of alleged inmate on inmate sexual conduct may be submitted by the following individuals, the victim, an individual with knowledge of an incident of alleged inmate on inmate sexual conduct, or a “third party” or other individual who has knowledge of the alleged inmate on inmate sexual conduct. A complaint of alleged inmate on inmate sexual conduct may be submitted in the following formats: in writing (includes electronic documents), or verbally. A complainant may remain anonymous. To effectively reduce actual or perceived barriers to filing a complaint, an individual may file a complaint of inmate-on-inmate sexual conduct with any one or all of the following without regard to chain of command or assignment.” The DRCF Handbook also states that, “Therefore, any Incarcerated Person that has been involved in a sexual assault/rape or is being threatened or coerced to have sexual contact with anyone, can report any incident(s) to any staff member they feel comfortable in confiding. Incarcerated people can report PREA concerns to staff verbally, in writing or via a third party (a family member or friend may call in or report online on the incarcerated person’s behalf) In addition. PREA Hotline number (410) 585-3177, is posted throughout DRCF. Please note this hotline is to be utilized for PREA specific issues only.”

The contact information and phone numbers for the PREA Hotline are provided within the PREA Intake & Reception sheet and found in the DRCF Handbook which is also available on the tablet. In addition, PREA posters are displayed throughout the facility both in English and in Spanish listing the ways an individual can report an allegation of sexual abuse. The staff training curricula consists of classroom instruction and an online training portal that provides staff ways to report.

During the on-site audit, the Auditor performed 12 random staff interviews and 31 inmate interviews. Of the 12 random staff that were interviewed: 2 staff members could identify three ways to report, 9 staff members indicated two ways to report, and 1 staff member offered one way to report. Of the 31 inmates that were interviewed: 1 inmate could offer four ways to report sexual abuse, 3 inmates could offer three ways, 9 inmates identified two ways, and 18 inmates provided at least one way to report. Every inmate interviewed could name at least one way to report an allegation of sexual abuse.

During the on-site review, the Auditor observed and documented PREA posters posted in both housing units and in public areas throughout the facility and painted on the walls in the housing dorms. The Auditor contacted Just Detention International and confirmed that they had not received any sexual abuse allegations during this rating period. The Auditor test emailed the outside third-party reporting entity (PREA Coordinator) and called the number provided on the agency website to report a sexual abuse on another’s behalf to the Internal Investigative Division. Finally, the Auditor had multiple conversations with inmates during the facility tour asking them if they

knew how to report sexual abuse. Those inmates indicated by calling the PREA Hotline, verbally to staff, and/or writing it on the inmate tablet.

When reviewing the one investigative file, the Auditor documented that the allegation was made via PREA Hotline.

The evidence collected shows that the facility has provided multiple ways to report sexual abuse or sexual harassment. The evidence also shows that many staff and inmates are aware of those reporting procedures by confirming the information is being provided. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.51 Provision (b)

The agency has provided information regarding the PREA Hotline that provides a phone number that an inmate or staff member can call, anonymously, if they choose to report allegations of sexual abuse. The phone number is listed on the PREA posters and is automatically connected when the inmate or staff member dials the number and selects the preferred language. This fact was confirmed through the on-site facility site tour. The Auditor made a call to the outside agency as a test of the procedure. The Auditor followed the instructions via recorded voicemail to make a PREA complaint. The Auditor left a message for the hotline call-taker to respond back to the facility confirming the receipt of the Auditor's message. The message was sent to the IID and then referred back to the PREA Coordinator who forwarded the confirmation to the Auditor's email providing the information gathered during the phone call to the hotline.

OPS.050.0001 indicates that, "A complaint of alleged sexual misconduct may be submitted, and the complainant may remain anonymous. To effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct with any one or all of the following without regard to chain of command or assignment outside the Department: The Office of the Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department."

The DPSCS has entered into a contractual agreement with the Life Crisis Center that provides the DPSCS with a PREA telephone answering service that will receive all incoming PREA-related calls and immediately forward those allegations of sexual misconduct to the Department and allowing the inmate to remain anonymous upon request.

The DRCF reported that The Maryland Department of Corrections does not detain individuals solely for civil immigration purposes, but DPSCS does make available foreign consulate general addresses for all foreign nationals.

When conducting interviews with 31 inmates, 20 inmates acknowledged being aware that a sexual abuse allegation can be made anonymously, while 7 stated that they did not know they could report anonymously, and 4 inmates stated that you couldn't.

When interviewing the PCM, he was asked how the facility provides a way for an inmate to report a sexual abuse to a public or private entity that is not part of the agency. The PCM confirmed the use of PREA Hotline operated by the Life Crisis Center.

The evidence collected for this provision shows that the facility has provided at least one way for an inmate to report abuse or harassment to a public or private entity not affiliated with the agency. Lastly, the Dorsey Run Correctional Facility does not allow the detention of an inmate for the sole purpose of immigration status. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.51 Provision (c)

COMAR 10.01.18.05 (Mandatory Reporting) states that, “Any staff member who observes, receives a complaint regarding, or otherwise has reason to believe that an individual has been subjected to, inappropriate sexual behavior shall file a report with the program director promptly, but in no circumstances more than 1 working day, after becoming aware of the situation.” OPS.050.0001 states in part that, “A complaint of alleged sexual misconduct received anonymously shall be accepted and processed the same as a complaint received from an identified source. An employee receiving a complaint of alleged sexual misconduct shall immediately notify a supervisor, manager, shift commander, or head of the unit of the complaint.” Policy DRCF 050.0030.1 further indicates that, “Any DRCF employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. They may be in writing, verbal anonymous or from third parties. Verbal reports shall be documented promptly but not later than the end of the shift. Inmates and staff also have access to the PREA hotline that shall refer any reports back to the facility for investigation. Staff can dial the number privately and anonymously from any facility phone.” Finally, policy OPS.200.0005 explains that, “A complaint of alleged inmate on inmate sexual conduct received anonymously shall be accepted and processed the same as a complaint received from an identified source. An employee receiving a complaint of alleged inmate on inmate sexual conduct shall immediately notify a supervisor, manager, shift commander, or the head of the unit of the complaint.”

During staff interviews, the officers explained that their duties were to immediately write a report recording the verbal sexual allegation. When interviewing inmates, several explained that they would notify a supervisor or security officer. The officers also stated that the report would be immediate. When further questioned about the term “immediate” the officers stated that it meant no later than by the end of their shift. The PCM was interviewed and asked to define what “immediately” meant according to the protocol. The PCM explained that immediately is defined as at least before the end of the officer’s tour of duty for that day. In addition, all the PREA posters displayed throughout the facility state that an allegation of sexual abuse can be reported verbally. When interviewing the inmates, 27 acknowledged being able to report verbally and/or in writing. During the investigative case-file review, the Auditor documented one allegation being initiated through the PREA Hotline.

The evidence collected for this provision shows that the agency has demonstrated that they accept, and document sexual abuse reports verbally, in writing, and from third parties. It has also been determined that these reports have been handled in a timely fashion. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.51 Provision (d)

DRCF 050.0030.1 states that, “Inmates and staff also have access to the PREA hotline that shall refer any reports back to the facility for investigation. Staff can dial the number privately and anonymously from any facility phone.” Policy OPS.050.0001 indicates that, “To effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct with any one or all of the following without regard to chain of command or assignment outside the Department, the Office of the Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department.”

Of the 12 random staff members interviewed, the PREA Hotline was mentioned nine times, a supervisor was mentioned twice, and the PCM was mentioned one time.

The evidence collected for this provision shows that the facility has demonstrated that they do provide staff with a private method of reporting sexual abuse or sexual harassment of inmates. Therefore, through written policy, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the agency provide multiple internal ways for inmates to privately report sexual abuse or sexual harassment.

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

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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) COMAR 12.02.28 (Administrative Remedy Procedure)

Observations made during the on-site audit and document review.

115.52 Provision (a)(b)(c)(d)(e)(f)(g)

COMAR 12.02.28 states in part that, "An inmate may not use the Administrative Remedy Procedures to resolve a complaint concerning the following acts by staff or another inmate, which shall be addressed according to Department procedures for addressing complaints under the Prison Rape Elimination Act:

- a) Rape
- b) Sexual assault, sexual harassment, sexual abuse, and.
- c) Other sexual misconduct

The agency has a policy that places limitations on what allegations can be handled through the grievance process. The agency's procedure is that grievances received about sexual assault and sexual harassment will be accepted and reviewed regardless of when the incident took place. The agency protocol is if a PREA allegation through a grievance is received, it must immediately be directed to a supervisor or PREA Compliance Manager. These individuals will further the investigation into the allegation. The grievance process is immediately stopped, and an administrative investigation is immediately initiated. The DRCF reported no instances of an inmate utilizing the

grievance procedure to report an alleged sexual abuse or harassment report during this audit period. If one was to be received, the grievance process would immediately stop, and the allegation would be turned over for investigation as all other allegations of sexual abuse.

Recommendation: the DRCF should inform the inmates housed at that facility that the facility does not accept grievances as part of the administrative remedy procedure as a reporting mechanism for sexual abuse or sexual harassment. The Auditor recommends adding language addressing this standard in the DRCF Facility Orientation Handbook.

Conclusion

The agency has a policy that places limitations on what allegations can be handled through the grievance process. The agency's procedure is that grievances received about sexual assault and sexual harassment will be accepted and reviewed regardless of when the incident took place. The agency protocol is if the Inmate Grievance Office or PREA Compliance Manager receives a grievance alleging sexual abuse or sexual harassment by staff or sexual abuse by an inmate, the grievance is immediately handled as a PREA complaint and investigated as such, to include assigning it to a PREA Investigator (IID) if appropriate for further investigation. The grievance process is immediately stopped, and an administrative investigation is immediately initiated. Therefore, this standard is not applicable in the meaning and purpose for which it is intended. The grievance process is to serve as a vehicle to provide due process in certain situational incidents in a confinement setting and not the purpose of reporting or investigating a sexual abuse allegation in this facility. However, an inmate can use the administrative remedy procedure process as a means of reporting sexual abuse allegations. The inmates can also use the grievance process to oppose the finding of a sexual abuse investigation as part of their due process and administrative remedies.

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) PREA Intake & Reception Sheet
- b) Maryland Coalition Against Sexual Assault (MCASA) emails
- c) DPSCS PREA Brochure

Interviews:

- 1) Interviews with Random Inmates

Observations made during the on-site audit and document review.

115.53 Provision (a)

The DRCF has provided the Intake and Reception sheet, Jessup Region Poster, MCASA Victim Advocate Poster and the DPSCS PREA Poster as proof of providing inmates access to outside confidential support services. The DPSCS PREA Poster provides both a mailing address and phone number for the MCASA advocate with the message, "Need a Victim Advocate. All inmates that arrive at the facility is provided with a PREA Brochure. In addition, the PREA Intake & Reception Sheet outlines this specific topic labeled 'INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES' and further states that, "The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving you mailing addresses and telephone numbers, including toll-free helpline numbers where available, of local, State, or national

victim advocacy or rape crisis organizations. The facility will enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Telephone calls to these agencies may be monitored. Written communication will remain confidential.” The sheet lists phone numbers and mailing addresses for the YWCA of Annapolis & Anne Arundel County, Maryland Coalition Against Sexual Assault, the Sexual Assault Legal Institute, Just Detention International, and RAINN Rape, Abuse & Incest National Network.

The MCASA Advocate Posters provides the inmates with a toll-free phone number and a mailing address.

The agency had previously entered into a contract with the Maryland Coalition Against Sexual Assault (MCASA) to provide all the services associated with standards 115.21 and 115.53.

The MCASA Advocate Posters are displayed in the housing units. The Auditor observed these posters during the facility tour. In addition, every inmate that is transferred to the DRCF receives a DPSCS PREA Brochure during their initial intake process. During the comprehensive orientation, the inmate is once again provided information on how to contact the advocate helpline. The orientation procedure is documented and acknowledged by a signature from the inmate. The advocate helpline is confidential, and the advocate has no duty to report, unless it involves a juvenile or vulnerable adult, or if the inmate chooses to report.

During the on-site audit, the Auditor performed 31 inmate interviews. 14 inmates were aware that services are available outside the facility for dealing with sexual abuse and 17 inmates stated that they were not sure, or unaware, of such services. Those inmates that were aware of the services also knew how to contact the MCASA crisis helpline. They were also cognizant that the communication with the crisis advocate is confidential. When asked if they could tell me about the kind of services there are; the inmates identified Victim Services, YMCA, and RAINN. The Auditor did not interview any inmates that reported sexual abuse, because the facility reported that there were no inmates currently being housed in the facility that reported sexual abuse.

The facility reported that the DPSCS does not detain individuals solely for civil immigration purposes, but DPSCS does make available foreign consulate general addresses for all foreign nationals.

The evidence collected for this provision shows that the agency has procedures in place to provide crisis intervention services from an outside advocacy group free of charge that is confidential. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.53 Provision (b)

The PREA Manual states that, “Each Department facility shall inform inmates, prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.” The Auditor reviewed the MCASA posters, the Intake & Reception Sheet and DPSCS PREA Poster to confirm that inmates are advised that they have access to outside advocates for emotional support services. The posters and brochure included the mailing addresses and phone numbers to local, state, and national rape crisis centers. The brochure and sheet further explained that telephone calls to the advocates could be monitored, however written correspondence would remain confidential. During the tour, the Auditor observed that the victim advocacy contact information was posted around the facility and in the housing units.

The Auditor performed 31 inmate interviews. In those interviews, the 14 inmates that were aware of these services and 27 inmates assumed that the information would remain confidential. The Auditor completed a successful call to the advocate during the on-site facility tour.

The evidence collected for this provision shows that the facility does inform inmates the extent to which their communications are being monitored. Therefore, through agency procedures, personal observations, and interviews conducted the facility has demonstrated that it meets this provision.

115.53 Provision (c)

The agency has entered into a contractual agreement with the Maryland Coalition Against Sexual Assault to provide all the services associated with standards 115.21 and 115.53. The facility has provided a purchase order and email communications as evidence that this service is being provided.

The evidence collected for this provision shows that the agency has entered into a contractual agreement with an outside advocacy group to provide the inmates with emotional support as it relates to sexual abuse. Therefore, through the evidence presented, interviews conducted, and personal observation the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the Auditor has determined that the facility is fully compliant with this standard requiring the facility provide inmate access to outside confidential support services.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) OPS.050.0001 (Sexual Misconduct)
- b) OPS.200.0005 (Inmate-on-Inmate Sexual Conduct Prohibited)
- c) DRCF Inmate Facility Orientation Handbook in English and Spanish
- d) DPSCS Public Website

Observations made during the on-site audit and document review.

115.54 Provision (a)

Both OPS.050.0001 and OPS200.0005 state that, “A complaint of alleged sexual misconduct may be submitted by the following individuals, the victim, an individual with knowledge of an incident of alleged sexual misconduct, or a “third party” on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct.”

The DRCF Inmate Handbook states that, “Incarcerated persons can report PREA concerns to staff verbally, in writing or via a third party (a family member or friend may call in or report online on the incarcerated persons behalf). In addition, a PREA Hotline number (410) 585-3177, is posted throughout the DRCF.”

A review of the agency website instructs the public to contact the Internal Investigative Division if they would like to report a PREA allegation and that the IID accepts all complaints from any concerned individual. There is a hyperlink embedded in the statement that leads an individual to the IID’s contact information. Also present on the website is contact information for the PREA Coordinator.

The evidence collected for this provision shows that the agency has procedures in place to address third-party reports of sexual abuse or harassment both formally and publicly. Therefore, through document review and personal observations, the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring a method to receive third-party reports alleging sexual abuse and distribute that information publicly.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) OPS.050.0001 (Sexual Misconduct Prohibited)
- b) IIU.110.0011 (Investigating Sexual Related Offenses)
- c) OPS.200.0005 (Inmate-on-Inmate Sexual Conduct)
- d) DRCF.050.0030.1 (Sexual Misconduct Prohibited)

Interviews:

- 2) Interviews with Random Staff
- 3) Interview with Warden
- 4) Interview with Medical and Mental Health Staff
- 5) Interview with PREA Coordinator

Observations made during the on-site audit and document review.

115.61 Provision (a)

OPS.200.0005 and OPS.50.0001 states in part that; “An employee receiving a complaint of or who otherwise has knowledge of alleged inmate on inmate sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander, or head of the unit followed by submission of the appropriate written format used to document an inmate rule violation.” The policy further states that, “An employee receiving a complaint of alleged inmate on inmate sexual conduct shall immediately notify a supervisor, manager, shift commander, or the head of the unit of the complaint.” IIU.110.0011 indicates that, “An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit (IIU) of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident.”

During the interview process, the Auditor interviewed 12 random staff. All 12 staff members stated that they must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor.

The evidence collected for this provision shows that the agency has procedures in place to address immediately reporting any knowledge, suspicion, or information regarding sexual abuse or sexual harassment. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

115.61 Provision (b)

OPS.200.0005 states in part 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.” DRCF.050.0030.1 states that “Staff exploitation of sensitive information is subject to disciplinary action.”

During the interview process, the Auditor interviewed 12 random staff. All 12 staff members stated that they must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their supervisor and must only relay information on a ‘need to know’ basis.

During the review of the investigative file, the investigative report indicated that when a case manager was made aware of an allegation of sexual abuse they immediately escorted the alleged inmate victim to medical and notified custody staff.

The evidence collected for this provision shows that the agency has procedures in place to address not revealing information related to a sexual abuse report to anyone other than to the extent necessary. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

115.61 Provision (c)

OPS.050.001 and OPS.200.0005 state that, “An employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct or inmate on inmate sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander or head of the unit followed by the appropriate written format used to document an inmate rule violation.” Policy IIU.110.0011 states that, “An employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident.”

The Auditor interviewed the Health Services Supervisor. The medical supervisor stated that they do notify the inmates of the duty to report sexual abuse allegations and the limitations surrounding confidentiality. The facility utilizes the ‘Medical Limits of Confidentiality form’ to document notification. She also stated that they have a duty to report all suspicions, knowledge, or information regarding sexual abuse. In addition, the medical supervisor stated that she had not experienced a situation where an inmate had personally reported sexual abuse to her during this rating period. When interviewing the Mental Health Professional, she confirmed the same practices and informed the Auditor that she could not recall a situation where an alleged sexual abuse was made to her. If it was to occur then she would speak to the inmate, notify security staff, and keep the inmate in the office so that they would remain safe.

The evidence collected for this provision shows that the agency has procedures in place to require medical and mental health practitioners to report any incidents they have been made aware of involving the knowledge, suspicion, or information regarding sexual abuse. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

115.61 Provision (d)

Maryland State Mandatory reporting law 5-704, indicated that persons required to report are health practitioners, educators, human services workers, and police officers. All of these mandatory reporters have an obligation to make reports if they have reason to believe that a child or vulnerable adult has been subjected to abuse or neglect. If an inmate reports previous sexual abuse to health care staff that occurred in a confinement setting, health care staff must report the incident to the warden or designee. The inmate is made aware at the initiation of services that medical staff has a duty to report all instances of sexual abuse without restriction to any confidentiality.

When the Warden was interviewed, he stated that the Dorsey Run facility does not house any juveniles. However, they could house vulnerable adults. When an interview was conducted with the PREA Coordinator, he indicated that any inmate under the age of eighteen that alleges sexually abused, Social Services and IID must be immediately contacted. He further stated that if a vulnerable adult alleges sexual abuse then it is the responsibility of the IID investigator to notify Social Services.

The evidence collected for this provision shows that the agency has procedures in place to require staff to report sexual abuse involving individuals under the age of 18 and vulnerable adults to the designated state or local services in accordance with applicable mandatory reporting laws. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

115.61 Provision (e)

OPS.050.0001 and OPS.200.0005 state in part that; “A complaint of alleged sexual misconduct received anonymously shall be accepted and processed the same as a complaint received from an identified source. The policy further indicates that an employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct or inmate on inmate sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander or head of the unit followed by the appropriate written format used to document misconduct.” Policy DRCF.050.0030.1 further indicates that, “Any DRCF employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies. They may be in writing, verbal anonymous or from third parties. Verbal reports shall be documented promptly but not later than the end of the shift. Inmates and staff also have access to the PREA hotline that shall refer any reports back to the facility for investigation.”

During the document review, the Auditor reviewed 1 investigation. The investigation report revealed that the reporting mechanism of the allegation was the PREA Hotline. In this case, an IID Investigator was assigned to conduct a criminal investigation. The Warden was also interviewed and explained that all allegations of sexual abuse and sexual harassment (including third-party reports) are assigned to a PREA trained investigator which is an IID investigator.

The evidence collected for this provision shows that the agency has procedures in place to ensure that all allegations of sexual abuse are turned over to a PREA designated investigator to initiate an inquiry. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring staff and agency reporting duties.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) The PREA Manual
- b) IIU.110.0011 (Investigating Sex Related Offenses)

Interviews:

- 1) Interviews with Random Staff
- 2) Interview with Warden
- 3) Interview with Agency Head

Observations made during the on-site audit and document review.

115.62 Provision (a)

The PREA Manual states that, "When the Department learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate." Policy IIU.110.0011 states that, "The IIU duty officer shall take immediate action to stop the misconduct; protect the victim from further harm, make sure appropriate medical attention is provided and notify the managing official or unit head."

Interviews were conducted with 12 random staff. Of those staff interviewed, all 12 staff members stated that they would immediately remove the inmate from the situation or housing unit. In addition, they stated that they would immediately notify a supervisor. The Warden was also interviewed. In that interview, it was stated that the individual must be kept separate and possibly placed in "inmate protective status" until an investigation could be conducted. The Agency Head indicated that his agency would take immediate action to protect the inmate. There may need to transfer to another facility and ensure the alleged inmate victim is safe.

The facility reported no instances requiring immediate action be taken to protect an inmate from sexual abuse that occurred during this rating period.

The evidence collected for this provision shows that the agency has procedures in place to address when an inmate is subject to a substantial risk of sexual abuse and immediate action is taken to protect that inmate. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring agency protection duties.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- OPS.050.0001 (Sexual Misconduct Prohibited)
- OPS.200.0005 (Inmate-on-Inmate Sexual Conduct)

Interviews:

- 1) Interview with Warden
- 2) Interview with Agency Head

Observations made during the on-site audit and document review.

115.63 Provision (a), (b), (c) and (d)

OPS.050.0001 and OPS.200.0005 state in part that; “If a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of a unit at a facility other than the facility where the alleged sexual misconduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall notify if the incident occurred at another Department facility, the managing official of the facility where the incident occurred. If the incident occurred at a facility that is not under the authority of the Department, the facility head or agency head responsible for the facility where the incident occurred; and the IID, regardless of jurisdiction for the facility where the incident occurred. Record the notifications made in accordance with this directive. An IID representative notified under this directive and the facility where the alleged sexual misconduct occurred is a Department facility, shall follow up with the managing official responsible for the Department facility where the alleged sexual misconduct occurred to ensure that the complaint is addressed according to requirements established under this directive. 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.”

The Dorsey Run Facility reported no instances over the last twelve months where notification was made to another confinement facility about an allegation of sexual abuse.

The Auditor reviewed one sexual abuse investigation file. No investigations evolved from either a report from an outside correctional facility or evidence of an inmate reporting a sexual abuse or harassment to the facility. When the Warden was interviewed, he stated that if he was to receive any notifications of alleged sexual abuse that occurred at his facility then they immediately assigned to an investigator to investigate. If an allegation is reported to his facility then he would make immediate contact with the Warden for which the alleged incident occurred via email. The Warden did comment on a situation in 2021 where he was made aware of an allegation that was investigated and the conclusion was unfounded. The Agency Head stated that all reports of sexual abuse or sexual harassment are investigated no matter the source.

The evidence collected for these provisions shows that the agency has procedures in place to address when an allegation of sexual abuse is received from an inmate, but the incident occurred at a different confinement facility and when an allegation of sexual abuse is received from another agency. Also, they have a policy in place to govern when and how to handle allegations received by their agency regarding sexual abuse allegations made that occurred at another outside confinement facility. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it does meet these provisions.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring the reporting to other confinement facilities and investigating reports from other confinement facilities.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) OPS.050.0001 (Sexual Misconduct prohibited)

Interviews:

- 1) Interview with Security Staff First Responders
- 2) Interviews Non-Security Staff
- 3) Interviews with Random Staff

Observations made during the on-site audit and document review.

115.64 Provision (a)

OPS.050.0001 states in part that; “The first correctional officer responding to an incident of sexual misconduct shall ensure the safety of a victim of sexual misconduct by immediately stopping an incident in progress. If necessary arrange for separation of the victim from the abuser, and if applicable, immediately, if qualified, providing medical attention or arranging for appropriate medical attention. If the circumstances are such that there is evidence to preserve, preserve the scene of the incident. 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. 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 facility reported 2 allegations of alleged sexual abuse. Of those 2 cases, one case is open and being investigated criminally and in the second case security staff were first responders. An interview with a security staff first responder was conducted. The first responder was asked to describe the actions taken when first on the scene of an alleged inmate sexual abuse allegation. The first responder stated that he would make sure the scene was safe, separate the victim and alleged abuser, report to a supervisor, preserve the evidence, notify medical personnel, and protect the possible crime scene. The Auditor did not interview any inmate that had reported sexual abuse because the facility reported there were no inmates still being housed at the facility at the time of the on-site visit that had reported sexual abuse.

The evidence collected for this provision shows that the agency has procedures in place to address the responsibilities of staff first responders when confronted with an allegation of an inmate sexual abuse. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

115.64 Provision (b)

OPS.050.0001 states in part that; “If the first employee responding to an incident of sexual misconduct is not a correctional officer, that employee shall immediately request that a correctional officer respond to the scene, and perform duties identified under §§.05D(2)(a) and (b) of this directive for which the employee is officially qualified or authorized to perform.”

The facility reported no instances of alleged sexual abuse where the first responder was not a security staff member. When conducting interviews, 12 random staff were questioned about their responsibilities when confronted with an allegation of inmate sexual abuse. The responses were broken down in the following ways. As a side note, the Auditor has incorporated the staff’s multiple responses into the listed general topics:

- 10 staff members stated they would separate the victim and abuser
- 5 staff members would contact a supervisor
- 2 staff members cited preserving evidence
- 7 staff members said they would secure the scene

In addition, the Auditor interviewed a volunteer during this audit, and she indicated that would inform the Volunteer Coordinator who is part of the custody staff.

The evidence collected for this provision shows that the agency has procedures in place to address the responsibilities of non-security staff first responders when confronted with an allegation of an inmate sexual abuse. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring staff first responder duties.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) DRCF.050.0030.1 (Sexual Misconduct Prohibited)
- b) OPS.050.0001 (Sexual Misconduct Prohibited)

Interviews:

- 1) Interview with Warden

Observations made during the on-site audit and document review.

115.65 Provision (a)

The Dorsey Run Correctional Facility provided an outlined coordinated response plan in the form of two policy directives for the facility to follow when confronted with an inmate sexual abuse incident. The policies outlines the procedures/steps to follow and includes the actions of the security first responders, IID investigators responsibility, Medical & Mental Health Services, supervisor/manager/or shift commander, facility leadership, and the PREA Compliance Manager. In an interview with the Warden, it was confirmed that the facility uses a

coordinated response plan to follow outlined in the facility policy DRCF.050.0030.1 when dealing with incidents of alleged inmate sexual abuse.

The evidence collected for this provision shows that the agency has a coordinated response plan to follow during incidents of alleged inmate sexual abuse. Therefore, through written policy, and interviews conducted the facility has demonstrated that it meets this provision.

Recommendation: The Auditor is recommending that the facility pull the language from the policy and create a stand-alone coordinated response plan that is not part of the policy but should be referred to in policy.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring a coordinated response.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) Memorandum of Agreement (MOU) for Bargaining Unit H

Interviews:

- 1) Interview with Agency Head

Observations made during the on-site audit and document review.

115.66 Provision (a)

MOU for Bargaining H page states in part that; “The Employer may take the following disciplinary actions against any employee:

1. Give the employee a written reprimand.
2. Direct the forfeiture of up to 15 workdays of the employee's accrued annual leave.
3. Suspend the employee without pay.
4. Deny the employee an annual pay increase.
5. Demote the employee to a lower pay grade, or
6. With prior approval of the head of the principal unit (Secretary of Department), terminate the employee's employment, without prejudice, or if the Employer finds that the employee's actions are egregious to the extent that the employee does not merit employment in any capacity with the State, terminate the employee's employment, with prejudice.”

The Auditor interviewed the Agency Head/Designee and asked if his agency has entered into or renewed any collective bargaining agreements. The Designee confirmed they had with the American Federation of State, County, and Municipal Employees (AFSCME) Union. The Designee also confirmed that the agency can take immediate action to remove or place the staff member on administrative leave. They can also transfer staff to another facility but if results in the staff member being placed on a different working shift, the staff member has a 14-day lapse.

The evidence collected for this provision shows that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf has enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any prisoners pending the outcome of an investigation or of a determination of whether, and to what extent, discipline is warranted. Therefore, through policy and interviews conducted, the facility has demonstrated that it meets this provision.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the agency meets this standard.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- OPS.050.0001 (Sexual Misconduct Prohibited)
- IIU.110.0011 (Investigating Sex Related Offenses)
- Retaliation Monitoring Form

Interviews:

- 1) Interview with Agency Head/Designee
- 2) Interview with Warden

3) Interview with Staff Member charged with Monitoring Retaliation

Observations made during the on-site audit and document review.

115.67 Provision (a)

OPS.050.0001 states in part that; “An employee may not commit, participate in, support, or otherwise condone sexual misconduct. Retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint of or participates in the investigation or resolution of an allegation of sexual misconduct.” Policy OPS.200.0005 further states that, “An inmate may not commit, participate in, support, or otherwise condone sexual conduct. Retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint of or participates in the investigation or resolution of an allegation of sexual conduct.”

The designated staff member charged with monitoring possible retaliation at the Dorsey Run Facility is the PREA Compliance Manager. The facility provided copies of Retaliation Monitoring Forms as evidence in the PAQ, and the Auditor observed these forms when conducting document review while on-site and downloaded investigation files in the PAQ.

The evidence collected for this provision shows that the agency has procedures in place and staff to monitor retaliation associated with reports of sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

115.67 Provision (b)

OPS.050.0001 and OPS.200.0005 state in part that; “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.”

When interviewing the Warden, he explained that they could use multiple ways to protect inmates or staff from retaliation. The Warden spoke of having the PCM monitor possible retaliation along with discipline and staffing changes. The Agency Head/Designee spoke of housing changes, transfers, and emotional support. The Agency Head reiterated the agency has zero-tolerance for retaliation. The staff member charged with monitoring retaliation stated that he remains in touch with the inmate for 90 days. He indicated that he monitors housing and program assignments and disciplinary tickets. The staff member charged with monitoring retaliation was asked how often they speak with the individuals being monitored. The staff member charged with monitoring retaliation stated that he initially speaks with the inmate within two weeks of becoming aware of the allegation face-to-face and then again at the 30, 60, and 90-day marks up until the investigation is complete or the 90-day threshold has expired.

The evidence collected for this provision shows that the facility employs multiple protection measures for those inmates and staff who fear retaliation. Therefore, through document review, and interviews conducted the facility has demonstrated that it meets this provision.

115.67 Provision (c)

OPS.050.0001 and OPS.200.0005 state in part that; “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.”

DRCF.050.0030.1 states in part that, “DRCF PREA Compliance Manager is responsible to Ensure that those involved in an incident of sexual abuse are monitored for signs of retaliation for at least 90 days. The investigative captain shall monitor staff. The housing unit manager shall monitor inmates.”

The Warden indicated that when he suspects retaliation, he would make sure the victim and abusers were separated and refer the incident for investigation. The Warden stated that disciplinary action would be the result, if the investigation findings were substantiated in cases involving inmates. If staff were involved then it could be a violation of standards of conduct, and they too could be disciplined. Based on the findings of that investigation, staff may be reassigned or receive discipline up to termination. Inmates can be charged both with in-house charges and criminal prosecution or transferred to a different confinement facility. The staff member charged with retaliation monitoring stated that he monitors individuals for at least 90 days, or longer, if he feels it necessary. The PREA Compliance Manager stated that retaliation monitoring would discontinue if the case was unfounded.

The evidence collected for this provision shows that the facility monitors both staff and inmates who have alleged sexual abuse or assisted in the investigation for a minimum of 90 days. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

115.67 Provision (d)

IIU.110.0011 states in part that; “When conducting an investigation of an incident involving a sex related offense an investigator shall determine if an individual has been the target of retaliation and if so investigate the circumstances of the retaliation.”

When conducting the interview with the staff member responsible for monitoring retaliation, he stated that he initially speaks with the inmate within two weeks of the allegation face-to-face and then again at the 30, 60, and 90-day intervals up until the investigation is complete or the 90-day threshold has expired.

The evidence collected for this provision shows that the facility monitors inmates for retaliation periodically. Therefore, through policy and interviews conducted the facility has demonstrated that it meets this provision.

115.67 Provision (e)

DPSCS IIU.110.0011 states that, “When conducting an investigation of an incident involving a sex related offense an investigator shall determine if an individual has been the target of retaliation and if so investigate the circumstances of the retaliation.” Policy OPS.050.0001 states that, “An employee may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint of or participates in the investigation or resolution of an allegation of sexual misconduct.” Finally, policy OPS.200.0005 states that, “An inmate may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint of or participates in the investigation or resolution of an allegation of sexual conduct.”

When conducting the interview with the Agency Head, he stated that they can assign the inmate to another facility unit. The Warden stated that the PCM monitors those situations and that an inmate engaging in retaliation may be moved to a different housing assignment or to an entirely different facility. The Warden also stated that if staff were engaged in retaliation then the staff member would be dealt with using the disciplinary process.

The evidence collected for this provision shows that the agency has procedures in place to address protection for other individuals who cooperate with PREA investigations from retaliation. Therefore, through written policy the facility has demonstrated that it meets this provision.

115.67 Provision (f)

During the interview with the PCM, he indicated that the retaliation monitoring would terminate if the investigation determined the incident was unfounded.

The evidence collected for this provision shows that the agency does not have procedures in place to address the facility's obligation to continue monitoring for retaliation if the agency determines the allegation is unfounded. However, it appears that practice is to discontinue retaliation monitoring once the investigation has been determined to be unfounded.

Recommendation: The Auditor is recommending that the facility add language to their facility policy to address when an investigation is determined unfounded prior to the 90-day retaliation monitoring conclusion. The policy would mirror the practice.

Conclusion

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring agency protection from retaliation.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) PREA Manual

Interviews:

- 1) Interview with Warden

Observations made during the on-site audit and document review.

115.68 Provision (a)

The PREA Manual, page 37 states that, “any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirement of Standard 115.43.” The facility has reported that they do not have a segregated housing unit, nor do they have the ability to segregate an inmate for any length of time.

During this audit period, the facility reported that they had not assigned any inmate who alleged to have suffered sexual abuse to involuntary segregated housing for the purpose of separating that inmate due to no other housing alternatives. During the facility tour, the Auditor confirmed no evidence of a segregated housing unit and verified that no inmate was being housed involuntarily due to sexual abuse.

The Warden stated during his interview, that they do not have a segregated housing unit. If the need arose to segregate an inmate then the inmate would be sent to another DPSCS facility. As noted earlier in this audit report, DRCF is situated in a Maryland Department of Corrections Complex and surrounded by multiple other DPSCS facilities.

The Auditor did not conduct an interview with a staff member working in a segregated housing unit because the unit does not exist.

The evidence collected for this provision shows that the agency has procedures in place to ensure that if an inmate is placed in segregation due to alleging sexual abuse then that inmate would retain all the privileges and opportunities that all other inmates are afforded. Therefore, through written policy, personal observations, and interviews conducted, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring limitation on protective custody.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) IIU.110.0011 (Investigating Sex Related Offenses)
- b) OPS.050.0001 (Sexual Misconduct Prohibited)
- c) OPS.200.0005 (Inmate-on-Inmate Sexual Conduct)

Interviews:

- 1) Interview with Warden
- 2) Interview with Investigative Staff
- 3) Interview with PREA Coordinator

Observations made during the on-site audit and document review.

115.71 Provision (a)

IIU.110.0011 states in part that; “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.” Policy OPS.050.0001 further states that, “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 collecting and preserving evidence, interviewing victims, witnesses, and suspected perpetrators.”

The Auditor reviewed 1 investigative file during the document review. The average time it took to initiate an investigation was approximately one day. The file contained both physical and circumstantial evidence, witness, victim, and alleged abuser interviews, amongst other factual documents. During the interview with the IID investigative staff, the investigator stated that a PREA officer conducts an initial inquiry immediately after notification has been made and informs the call center. There the IID on-duty lieutenant determines if the case is PREA related and will immediately assign an IID investigator. The investigator indicated that the rule is that they have thirty days to interview the alleged inmate victim and five months to complete the investigation. The IID Investigator stated that anonymous and third-party reports are handled in the exact same manner as all other sexual abuse allegations.

The evidence collected for this provision shows that the agency has procedures in place to ensure that it investigates sexual abuse allegations promptly, thoroughly, and objectively. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (b)

OPS.050.0001 states in part that; “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 in a confinement setting that, at a minimum, specifically addresses interviewing sexual abuse victims, using Miranda and Garrity warnings, sexual abuse evidence collection, and criteria and evidence necessary to substantiate administrative action and, if appropriate, referral for criminal prosecution.”

DRCF reported that the IID has 17 PREA and law enforcement certified investigators. During the pre-audit phase, this Auditor requested training records for the IID Investigators. The facility provided that information and the Auditor verified that those investigators had received special sexual abuse training in a confinement setting.

During the interview process, the IID Investigator confirmed that he had received the specialized training in 2015. The Facility Investigator was also interviewed and indicated that he conducts the PREA certification training for the Internal Investigative Unit.

The evidence collected for this provision shows that the agency has procedures in place to ensure that only specially trained sexual abuse investigators conduct investigations into sexual abuse allegations. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (c)

IIU.110.0011 states in part that; “An investigator assigned to investigate an incident involving a sex related offense shall ensure that appropriate actions identified under this directive have been taken and, if not, ensure that incomplete requirements are completed. When the possibility for recovery of physical evidence from the 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 Sexual Assault Nurse Examiner (SANE). If possible, preserve the scene of the incident and items that may be used as evidence. If not already identified, initiate action to identify the alleged perpetrator. Conduct post-incident investigative actions to complete a comprehensive investigation of the incident that intends to identify the perpetrator, determine if employee action or lack of action contributed to the occurrence, and collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings.”

DPSCS Policy directs custody personnel to secure the crime scene and, to the degree possible, the alleged suspect(s) be placed in a secured area that will prevent the destruction of physical or biological evidence. IID investigators are directed to respond to the scene to initiate an investigation, interview the victim, determine if a forensic medical examination will be offered, and examine and process the crime scene.

The Auditor reviewed 1 administrative investigation file. The administrative file contained physical or circumstantial evidence, witness statements, victim, and perpetrator interviews.

When conducting the interview with the IID Investigator, he stated that usually the Facility contacts the call center and the on-duty lieutenant determines if the allegation is a sexual abuse allegation, and if so, the lieutenant will assign an IID investigator. Once assigned to the case, the investigator would then begin answering the questions of who, what, when, where, and how. The IID Investigator would also collect evidence, both physical and circumstantial. The IID Investigator stated that he would collect forensic evidence, clothing, video recordings, victim statements, and interview all witnesses.

The evidence collected for this provision shows that the agency has procedures in place to ensure that DPSCS IID investigators collect circumstantial evidence and direct evidence. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (d)

OPS.050.0001 and OPS.200.0005, state that, “Upon completing an investigation of a complaint of alleged sexual misconduct, the investigator shall, if the incident involves criminal behavior, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred.”

There are no examples of investigative reports supporting compelled statements. When asked about compelling staff to answer questions, the IID Investigator explained that if an investigation involved a staff member, and the allegation appeared to support a criminal act, then the IID would assign two separate investigators conducting two separate investigations. One would handle the criminal aspect while the other investigator would handle the administrative investigation. They would keep the two investigations completely separate. All cases involving

criminal allegations that appear to be substantiated would be presented to the State Attorney. No compelled interviews will be performed until the criminal investigation has been completed. The IID Investigator stated that they can conduct a compelled interview if appropriate.

The evidence collected for this provision shows that the agency has procedures in place governing compelled interviews. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (e)

IIU.110.0011 states in part that; “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.” The policy further states that, “A victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense.”

The IID Investigator was interviewed and stated that he does not judge and that the evidence will speak for itself. The Investigator also stated that polygraphs are not used to determine truthfulness in allegations of sexual abuse. The Auditor did not interview any inmate that reported sexual abuse because the facility reported that no inmate that reported sexual abuse or sexual harassment were still housed in the facility.

The evidence collected for this provision shows that the agency has procedures in place ensuring that an individual’s credibility shall not be determined by the person’s status as an inmate or staff member. Furthermore, polygraph examinations will not be used as a condition for proceeding with the investigation of a sexual abuse allegation. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (f)

IIU.110.0011 states that, “An investigator assigned to investigate an incident involving a sex related offense shall determine if employee action or lack of action contributed to the occurrence.” The policy further states that, “The investigator shall document all aspects of the investigation in a comprehensive investigative report that thoroughly describes physical, testimonial, and documentary evidence. Explains the reasoning behind credibility assessments, includes facts and finding and when appropriate, has related documents attached.”

The investigative file examined during the document review phase did not contain language as to if DRCF policies and procedures were followed in the incident. However, the allegation did not involve staff. The report did speak to the credibility of the alleged victim.

When interviewing the IID Investigator, he indicated that they would try to determine during the administrative investigation whether staff actions or failure to act contributed to the sexual abuse. The Investigator also stated that all administrative investigations are documented and that witness statements, incident reports, circumstantial evidence, audio, and video evidence would be found in an administrative investigation file.

The evidence collected for this provision shows that the agency has procedures in place to ensure efforts are made to determine if staff actions or failures contributed to sexual abuse. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (g)

IIU.110.001 states in part that; “An investigator assigned to investigate an incident involving a sex related offense shall document all aspects of the investigation in a comprehensive investigative report that thoroughly describes, physical, testimonial, and documentary evidence. Explains the reasoning behind credibility assessments and

includes facts and findings. When appropriate, has related documents attached, and 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.”

The IID Investigator confirmed that all criminal investigations should be documented and that the evidence located in the file would be the same as what is placed in the administrative file.

The evidence collected for this provision shows that the IID conducts all criminal investigations. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (h)

IIU.110.0011 states in part that; “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.” Policy 050.0001 further states that, “ If the incident possibly involves criminal activity, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incident occurred.”

The IID Investigator indicated that criminal cases involving staff members always goes before the state attorney for a decision. If the case involves an inmate-on-inmate scenario and the investigator has established probable cause, then the investigator can file criminal charges with a state court commissioner. The facility provided the Auditor with an example of a case in 2023 where the inmate perpetrator was charged criminally by the IID.

The evidence collected for this provision shows that the IID does conduct criminal investigations and will refer substantiated cases for criminal prosecution. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.71 Provision (i)

IIU.110.001 states in part that; “An investigator assigned to investigate an incident involving a sex related offense shall document all aspects of the investigation in a comprehensive investigative report that thoroughly describes, physical, testimonial, and documentary evidence. Explains the reasoning behind credibility assessments and includes facts and findings. When appropriate, has related documents attached, and 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.” OPS.050.0001 further states in part that; “File and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee.”

The evidence collected for this provision shows that the agency has procedures in place to ensure written investigative reports are retained for as long as the alleged abuser is incarcerated or employed by the agency plus five years. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

115.71 Provision (j)

OPS.050.0001 states in part that; “The departure of an employee alleged to have committed sexual misconduct or the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct.” Policy IIU.110.0011 further states that, “An investigation under this directive may not be terminated based on victim or suspect departure from Department employment or custody.” Finally, policy OPS.200.0005 indicates that, “The departure of an inmate alleged to have committed inmate on inmate sexual

conduct or the victim of inmate-on-inmate sexual conduct from the Department is not a basis for terminating an investigation of alleged inmate on inmate sexual conduct.”

The IID Investigator was asked how he would proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation. The investigator explained that this would have no bearing on the situation in a criminal case and the investigation would continue. If the case was administrative then it would continue and then passed onto leadership.

The evidence collected for this provision shows that the agency has procedures in place to ensure that an administrative investigation continues regardless of whether the abuser or victim is no longer employed or under the agency’s control. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision.

115.71 Provision (I)

Interviews were conducted with the Warden, PREA Coordinator, PCM, and Investigative Staff about this provision. The PREA Coordinator, PREA Compliance Manager, and Warden were asked who investigates criminal allegations of sexual abuse and how would the agency remain informed of the progress of a criminal sexual abuse case. The PREA Coordinator, Warden, and PCM responded by stating that the IID conducts all criminal investigations. The PREA Coordinator indicated that the IID manager communicates with the coordinator and would remain informed by the ongoing criminal investigation. The Warden stated that he and the PCM would be the point of contact for the IID and would be kept informed of the progress of the investigation. The IID Investigator was asked what role he plays in a criminal investigation by an outside agency. The IID Investigator explained that if an outside law enforcement agency was to get involved then he would help facilitate their needs.

The evidence collected for this provision shows that the agency has procedures in place to try and stay informed about ongoing criminal sexual abuse investigations amongst their own facilities. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring criminal and administrative agency investigations.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) IID.110.0011 (Investigating Sex Related Offenses)

Interviews:

- 1) Interview with Investigative Staff

Observations made during the on-site audit and document review.

115.72 Provision (a)

IID.110.0011 states in part that; "Upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being determined to be substantiated meaning an allegation that was investigated and determined to have occurred, unsubstantiated meaning an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred, or unfounded meaning an allegation was investigated and determined to not have occurred."

The IID Investigator was asked what evidence is required to substantiate allegations of sexual abuse. The IID Investigator stated that for a criminal case probable cause must be present. In an administrative investigation, the preponderance of the evidence or 51% of the evidence suggests one way or the other.

The evidence collected for this provision shows that the agency has procedures in place to not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual assault are substantiated. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

The Auditor reviewed 1 administrative investigative file and believes that the documentation of the administrative findings were the proper standard of proof.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring evidentiary administrative investigations.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) IIU.110.0011 (Investigating Sex Related Offenses)
- b) OPS.050.0001 (Sexual Misconduct Prohibited)
- c) OPS.200.0005 (Inmate-on-Inmate Sexual Conduct)
- d) DRCF.050.0030.1 (Sexual Misconduct Prohibited)
- e) Examples of PREA Investigative Inmate Notifications

Interviews:

- 1) Interview with Warden
- 2) Interview with Investigative Staff
- 3) Inmates who Reported a Sexual Abuse

Observations made during the on-site audit and document review.

115.73 Provision (a)

IIU.110.0011 states in part that; "Upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigation resulted in the incident being determined to be substantiated meaning an allegation that was investigated and determined to have occurred, unsubstantiated meaning an allegation that was investigated and the

investigation produced insufficient evidence to make a final determination as to whether or not the event occurred, or unfounded meaning an allegation was investigated and determined to not have occurred.” The policy further states that, “The investigator shall document victim notification under this directive in the investigative report recording the name of the individual who notified the victim, the date, time, and location that the victim was notified, and how the victim was notified.” OPS.050.0001 further indicates that, “When notified by an investigator under 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.”

DRCF reported 2 investigations of alleged sexual abuse and of alleged sexual harassment during the last twelve months, with one investigation still open. The Auditor reviewed one administrative case where evidence of notification was made and documented in that case.

During the interview with the IDD Facility Investigator, he stated that once the investigation has been completed and reviewed, the PCM is notified, and the inmate is made aware of the findings both verbally and in writing. A letter with the investigative findings is given to the inmate in all administrative cases and the inmate receives a signed copy acknowledging receipt of the notification. During the Warden interview he stated that, “The findings comes to the IID Investigator and they either inform the inmate or the PCM makes notification.”

The evidence collected for this provision shows that the agency has procedures in place to inform the inmates who allege sexual abuse of the findings of the investigation. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

115.73 Provision (b)

IU.110.0011 states that, “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.”

A review of the investigation confirmed that the IID investigated the allegation and that there have been no investigations completed by an outside agency and as such no documentation was required under this provision.

The facility has reported that the IID has or is in the process of investigating both allegations of sexual abuse over the past twelve months.

The evidence collected for this provision shows that the agency uses the IID to conduct their criminal investigations and evidence that notifications were made in both cases investigated by the IID. Therefore, through policy, document review and interviews conducted the Auditor has determined that the facility is compliant with this provision.

115.73 Provision (c)

DRCF.050.0030.1 states that, “The inmate is notified (except in unfounded cases) whenever the staff member accused of sexual abuse is no longer posted in the unit, is no longer employed, indicted or convicted of a sex-abuse-related charge.” OPS.050.0001 further states that, “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. The employee is no longer assigned to the inmate's housing unit, the employee is no longer assigned at the inmate's facility, if aware, the employee is criminally charged for an offense related to the sexual abuse that occurred within the facility, and if aware, the employee is convicted on a charge related to the sexual abuse that occurred within the facility.”

The facility reported no instances during this rating period where allegations of sexual abuse were made regarding staff being the alleged perpetrator. There were no cases that involved criminal charges or convictions.

The evidence collected for this provision shows that the agency has procedures in place to inform alleged inmate victims when the alleged staff perpetrator's criminal circumstances change due to the sexual abuse allegation. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.73 Provision (d)

OPS.200.0005 states in part that; "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. If aware, the accused inmate is in any way charged with a crime related to the sexual abuse that occurred within the facility. If aware, the accused inmate is convicted on a charge related to the sexual abuse that occurred within the facility."

The Auditor reviewed one sexual abuse allegations. From this document review, the case disposition was unfounded and therefore no appropriate notification were required by this provision. However, in this incident, the alleged aggressor was separated from the alleged victim and housing assignments were changed. This incident did not rise to the level of a criminal charge being pursued for the alleged inmate aggressor.

The evidence collected for this provision shows that the agency has procedures in place to inform alleged inmate victims when the alleged inmate sexual perpetrator's criminal circumstances change due to the sexual abuse allegation. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.73 Provision (e)(f)

OPS.050.0001 and OPS.200.0005 state in part that; "A record of a notification made under this directive shall be maintained in the victim inmate's base file and include the following information: case number, content of the notification, date of the notification, location where the notification was made, printed name and signature of the employee making the notification, and the inmate's signature acknowledging notification or, if the inmate refuses to sign for the notification, "Refused to Sign" and the employee's signature."

The Auditor reviewed one administrative investigative file. In that file, it contained documentation of the investigative findings and notification being made to the alleged inmate victim.

The evidence collected for this provision shows that the agency has procedures in place to ensure all notifications and attempted notifications are documented. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring reporting to inmates.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) Annotated Code of Maryland 10-701
- b) COMAR 12.11.01
- c) OPS.050.0001 (Sexual Misconduct Prohibited)
- d) Standards of Conduct

Observations made during the on-site audit and document review.

115.76 Provision (a)(b)

OPS.050.0001 states in part that, “An employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee except under exigent circumstances, did not perform responsibilities established under this directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct.” OPS.050.0001 further states that, “An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty under the Standards of Conduct, up to and including termination of employment; criminal prosecution and notification of a relevant licensing authority.”

The facility has reported that there have been no staff-on-inmate sexual abuse incidents at the facility that were substantiated during this audit period.

The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates are subject to disciplinary sanctions following a finding that the inmate engaged in inmate-on-inmate sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

115.76 Provision (c)

OPS.050.0001 states in part that, “An employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee except under exigent circumstances, did not perform responsibilities established under this directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct.” OPS.050.0001 further states that, “An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to a penalty under the Standards of Conduct, up to and including termination of employment; criminal prosecution and notification of a relevant licensing authority.”

The facility reported no instances of staff-on-inmate sexual abuse or sexual harassment incidents at the facility that were substantiated during this audit period. The document review of the administrative files conducted by the Auditor confirmed this statement.

The evidence collected for this provision shows that the agency has protocols in place to discipline staff who violate sexual abuse or sexual harassment policies, but do not engage in sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

Recommendation: The Auditor is recommending that the facility add language into their facility policy to specifically address when disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.

115.76 Provision (d)

The DRCF utilizes the Internal Investigative Unit to investigate all allegations of sexual misconduct by staff. The Internal Investigative Unit is considered a law enforcement entity and capable of securing criminal warrants for staff allegations of sexual misconduct. Therefore, the Internal Investigative Unit would be aware of any staff violations or resignations surrounding sexual abuse or sexual harassment allegations and capable of notifying the necessary licensing body.

The Dorsey Run Correctional Facility reported no instances where a staff member had resigned in lieu of termination for PREA policy violations. Any investigation involving such conduct would be investigated by the IID and therefore the law enforcement agency is aware of the incident, and if appropriate, the IID would contact any relevant licensing bodies. The review of the administrative files by the Auditor confirmed this statement.

The evidence collected for this provision shows that the agency has procedures to contact law enforcement and licensing bodies when a staff member is terminated or resigns due to an alleged violation of the agency's sexual abuse or sexual harassment policies. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring disciplinary sanctions for staff.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) OPS.050.0001 (Sexual Misconduct Prohibited)
- b) DRCF.050.0030.1 (Sexual Misconduct)

Interviews:

- 1) Interview with the Warden

Observations made during the on-site audit and document review.

115.77 Provision (a)

OPS.050.0001 states in part that; "A contractor determined to have committed sexual misconduct is considered in violation of terms or conditions of a contract or other agreement; is subject to sanctions according to provision of the contract or agreement; is subject to criminal prosecution and notification of a relevant licensing authority."

The facility has reported that there have been no PREA allegations involving contractors or volunteers violating the agency's sexual abuse or sexual harassment policies during this audit period. During the file review, the Auditor examined the administrative investigation file and confirmed this statement.

The evidence collected for this provision shows that the agency has procedures in place to ensure volunteers or contractors who engage in sexual abuse do not have contact with inmates. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

115.77 Provision (b)

DRCF.050.0030.1 states in part that; "Every Employee, Contractor, and Volunteer of DRCF that have contact with an inmate(s) under the authority of the facility is familiar with the DPSCS policy and DRCF policy and procedures prohibiting sexual misconduct and the procedures for handling all allegations."

OPS.050.0001 states in part that; "A contractor determined to have committed sexual misconduct is considered in violation of terms or conditions of a contract or other agreement; is subject to sanctions according to provision of the contract or agreement; is subject to criminal prosecution and notification of a relevant licensing authority."

The facility has reported that there have been no substantiated cases involving contractors or volunteers violating the agency's sexual abuse or sexual harassment policies. Also, no volunteer or contractor has been restricted from contact with inmates based on PREA violations during this audit period.

The Auditor interviewed the Warden, and he indicated that if a contractor or volunteer were accused of violating the agency's sexual abuse or sexual harassment policy then that individual would be banned from coming to the facility, or any facility (referring to a statewide band), until the investigation was complete. If it were determined

that the allegation was substantiated, the contractor or volunteer would no longer have access to the facility and the IID is responsible for contacting any responsible licensing bodies.

The evidence collected for this provision shows that the agency has procedures in place to address actions to be taken when a contractor or volunteer violates the agency's PREA policies but does not engage in the sexual abuse of an inmate. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant 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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ 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 narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) COMAR 12.03.01 (Inmate Disciplinary Process)
- b) OPS.020.0001
- c) OPS.200.0005 (Inmate-on-Inmate Sexual Conduct)

Interviews:

- 1) Interview with the Warden
- 2) Medical & Mental Health Staff

Observations made during the on-site audit and document review.

115.78 Provision (a)

OPS.200.0005 states in part that; "An inmate determined to have committed sexual conduct is subject to a penalty established under Inmate Disciplinary Process; and if applicable, criminal prosecution."

The facility has reported that there have been no inmate-on-inmate sexual abuse incidents at the facility that were substantiated during this audit period.

The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates are subject to disciplinary sanctions following a finding that the inmate engaged in inmate-on-inmate sexual abuse. Therefore, through written policy and document review the facility has demonstrated that it meets this provision.

115.78 Provision (b)(c)

OPS.200.0005 states in part that; “An inmate determined to have committed sexual conduct is subject to a penalty established under Inmate Disciplinary Process; and if applicable, criminal prosecution.”

When conducting the interview with the Warden, he was asked what disciplinary sanctions inmates are subject to, following an investigation that found the inmate had engaged in inmate-on-inmate sexual abuse. In addition, is mental illness considered when determining sanctions? The Warden stated that the inmate could have loss of privileges, good time, criminal charges, and possibly be placed in a more restrictive housing unit. The Warden also stated that the mental illness part would be considered on the front in deciding if the inmate should be charged in the first place due to his disability. He also confirmed that prior disciplinary history and comparable offenses by other inmates are considered when deciding sanctions.

The evidence collected for these provisions shows that the agency has procedures in place to discipline those inmates who have been found responsible for engaging in inmate-on-inmate sexual abuse. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets these provisions.

115.78 Provision (d)

OPS.200.0005 states in part that; “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.”

When conducting the interviews with the Medical & Mental Health practitioners they were asked if the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons for sexual abuse. The medical supervisor stated, “Yes” and believed if therapy or counseling were offered, it would be available through the mental health services. The mental health professional stated that they offer mental health treatment only if the incident was to be referred to her. However, if an incident occurred, she would interview both the alleged victim and alleged perpetrator. Both health professionals were asked if these services require an inmate’s participation as a condition of accessing programming and other benefits. The medical supervisor indicated that she did not think so, and that the issue would be handled by the mental health professionals. The mental health professional indicated that it would be strongly suggested but could not force any inmate to participate.

The evidence collected for this provision shows that the agency has procedures in place to provide therapy or counseling designed to address and correct reasons or motivations for sexual abuse. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.78 Provision (e)

DRCF.050.0030.1 states in part that, “DRCF does not discipline an inmate for sexual contact with staff upon finding that the staff member consented to such contact.” In addition, OPS.200.0005 states that, “An inmate may be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct.” Finally, OPS.050.0001 states that, “An inmate involved in sexual misconduct with a department staff member may not be found guilty of a charge of committing a sexual act under the inmate disciplinary process if the involved staff member consented to the sexual act or sexual conduct in which the inmate participated.”

The facility reported no incidents of this nature during this audit period.

The evidence collected for this provision shows that the agency has procedures in place to discipline those inmates who have engaged in sexual abuse against staff members. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.78 Provision (f)

OPS.200.0005 and OPS.050.0001 states in part that; “A complaint of alleged inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate sexual conduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of inmate-on-inmate sexual conduct.”

The Dorsey Run Correctional Facility has reported no instances of inmates making false sexual abuse or sexual harassment allegations where they were disciplined for such action.

The evidence collected for this provision shows that the agency has procedures in place to prohibit those inmates that report sexual abuse or sexual harassment in good faith be disciplined regardless of the investigative findings. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.78 Provision (g)

OPS.200.0005 states that, “An inmate may not commit, participate in, support or otherwise condone sexual conduct.”

DRCF reported in the PAQ that all sexual misconduct between inmates are prohibited and shall result in disciplinary sanctions in accordance with the DPSCS Disciplinary Rules and Procedures for Offenders. However, sexual misconduct between offenders shall not constitute sexual abuse if it is determined the activity is consensual unless it’s determined that the incident was coerced.

The evidence collected for this provision shows that the agency has procedures in place to prohibit any type of sexual activity between inmates and will discipline inmates for those activities. However, sexual misconduct shall not constitute sexual abuse if it is determined to be consensual. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring disciplinary sanction for inmates.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) OPS.050.0001 (Sexual Misconduct Prohibited)
- b) OPS.200.0006 (Assessment for Risk of Sexual Victimization and Abusiveness)
- c) Inmate Education & Assessments Report
- d) PREA Intake Screening
- e) 2024 PREA Data Log with Mental Health
- f) PREA Mental Health Follow-up Referrals
- g) MPSCS Mental Health Informed Consent Form

Interviews:

- 2) Interview with Staff Responsible for Risk Screening
- 3) Interviews with Medical & Mental Health Staff
- 4) Interviews with Inmates who disclose Sexual Victimization during Risk Screening

Observations made during the on-site audit and document review.

115.81 Provision (a)(c)

OPS.200.0006 states in part that; “Whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening.”

The facility has reported 42 inmates who reported prior sexual victimization during risk screening over the past twelve months. The facility has also provided a PREA Data sheet with mental health professionals that outlines the name of the inmate, date the referral was received, the name of the officer that initiated the referral, victimization score, abusiveness score, mental health follow-up request, and the date the inmate was seen by mental health.

The Auditor interviewed four inmates that reported prior sexual victimization. One inmate reported that mental health services were offered at the time of the risk assessment but declined mental health assistance. Two inmates stated that they did accept the assistance, and the qualified mental health professional met with them within two weeks. The last inmate indicated that he did not recall being asked. However, looking through the PREA Data sheet, it showed that the inmate was offered a mental health follow-up, but the inmate refused that meeting. The facility provided risk screening forms, which is part of the PREA intake screening, where the inmate who reported prior sexual abuse and the classification officer can make comments documenting the notification of mental health professionals for a follow-up meeting. In addition, the facility provided evidence in the OAS of the Mental Health completed referrals that shows who and when the inmate was referred and the Mental Health clinician notes documenting the 14-day follow-up meeting.

When conducting the interview with the staff member who is responsible for risk screening, she stated that if an inmate discloses prior sexual victimization during the risk screening process, then that information is documented on the assessment form and a mental health referral is generated. If a meeting is accepted by the inmate, then that too is documented and sent to a mental health professional who usually meets with the inmate within a week.

The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates that report prior sexual victimization are offered a follow-up meeting with medical or mental health professionals

within 14 days of intake. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it does meet this provision.

115.81 Provision (b)

OPS.200.0006 states in part that; “Whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with medical or mental health practitioner within 14 days of the initial PREA screening.”

When conducting the interview with the staff member who is responsible for risk screening, she stated that if an inmate reports perpetrating prior sexual abuse during the risk screening process, and requests a follow-up meeting with a mental health professional that would occur within a week. The facility reported no instances during the last twelve-month period where an inmate disclosed perpetrating prior sexual abuse during the screening process and requested a follow-up meeting with the mental health professional. The mental health professional was also asked if during a risk screening, an inmate indicates that they have previously perpetrated sexual abuse, is a follow-up meeting offered. The mental health professional confirmed that it is and would occur within 14 days.

The agency policy does not specifically address a follow-up meeting be performed on inmates who report prior sexual abusiveness and request a mental health professional follow-up meeting within 14 days. However, the agency risk assessment form provides for and documents these referrals and after interviewing staff involved it appears that the facility protocol is to offer these services.

The evidence collected for this provision shows that the facility has procedures and protocols in place to ensure that inmates that have perpetrated sexual abuse are offered a follow-up meeting with mental health professionals within 14 days of intake. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it does meet this provision.

Recommendation: The Auditor is recommending that the facility place language into their Facility policy to address and govern the practice of offering inmates that report prior sexual victimization mental health follow-up meeting within 14 days, if requested by the inmate. Therefore, policy will mirror practice.

115.81 Provision (d)

OPS.200.0006 states in part that; “The PCM is responsible for ensuring confidentiality of screening information is maintained and that facility staff responsible for making decisions consider information discovered as part of the screening.” DRCF.050.0030.1 further states that, “Case Management will ensure that risk information is entered in the base file and in the Offender Case Management System (OCMS) to inform housing, bed, work, education, and program assignments. When considering an inmate for job or program assignment, case management staff will review all applicable alerts, including PREA, prior to placement in that job or program. Case Management will notify the detail supervisors if any special consideration is appropriate due to an inmate's PREA status.”

The evidence collected for this provision shows that the agency has procedures in place to ensure that reported sexual victimization that occurred in a confinement setting is strictly limited to selected professionals. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.81 Provision (e)

DRCF has provided an Informed Consent form that is used when obtaining consent from inmates before reporting information about prior sexual victimization. The form does indicate that there is a duty to report in certain circumstances. The form indicates that, “I understand that the confidentiality of this service is governed by the provisions of Maryland Annotated Code, Courts and Judicial Proceedings Article, § 9 109. Under these

provisions, disclosure of mental health information without written authorization is permitted under certain circumstances including the following:

1. Confidentiality does not apply if the service provider becomes aware of a threat to institutional security.
2. Confidentiality may not be honored if the service provider becomes aware of the inmate's intent to harm him/herself or another person.
3. Confidentiality will not be honored if the service provider has reason to believe that there has been suspected or actual child, elderly/vulnerable adult abuse, which is not presently managed by the Department of Social Services or other appropriate agency.
4. Confidentiality may not be honored if the inmate or his/her representative raises the inmate's mental status as a question or issue in legal proceedings.
5. Confidentiality shall not be honored in court ordered evaluations.
6. Confidentiality does not apply to clinical supervision, case consultation or to quality assurance audits."

The medical and mental health professionals were asked if they obtain informed consent from inmates before reporting about prior sexual victimization. In addition, both were asked how they would handle inmates under the age of 18 years old. The medical supervisor stated that they would ask for consent and that Dorsey Run does not house juveniles and therefore never experienced that situation. The mental health professional also stated that no juveniles are housed at the Dorsey Run Correctional Facility, but did mention that she has a duty to report because of the Maryland mandatory reporting laws and would contact Social Services.

The evidence collected for this provision shows that the agency has procedures in place to ensure informed consent is obtained from inmates before medical and mental health staff can report those incidents if the sexual victimization does not occur in a confinement setting. Therefore, through written policy and interviews conducted the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring a medical and mental health screening, history of sexual abuse.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) Medical Evaluations Manual Chapter 13
- b) OPS.050.0001 (Sexual Misconduct Prohibited)
- c) OPS.200.0005 (Inmate-On-Inmate Sexual Conduct)
- d) PREA Data Log 2024

Interviews:

- 1) Interview with Staff Responsible for Risk Screening
- 2) Interviews with Medical & Mental Health Staff
- 3) Interview with Staff First Responder

Observations made during the on-site audit and document review.

115.82 Provision (a)

OPS.050.0001 and OPS.200.0005 state that, “The head of a unit, or a designee is responsible for ensuring that appropriate medical and mental health services and support service are made available to a victim of sexual misconduct/sexual conduct.” The Medical Evaluations Manual, Chapter 13, states that, “Following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs.” The policy further states that, “Notifications to mental health psychology staff, social workers, and the PC will be done irrespective and that a mental health professional shall conduct a mental health evaluation within 24 hours of the initial report of the incident.”

The Medical and Mental Health professionals were interviewed and asked if inmate victims of sexual abuse receive immediate and unimpeded emergency medical care and both professionals answered that they do. In addition, the medical supervisor stated that the nature and scope of the treatment is at the discretion of the attending physician at the emergency room. However, the medical supervisor’s responsibility is the continuity of care and to follow all the physician’s orders. The mental health professional stated that she determines the level of care required and that mental health services would create a treatment plan.

The Auditor did not interview any inmates that reported sexual abuse because the facility reported that no inmate that reported sexual abuse was still being housed in the DRCF at the time of the on-site audit. Therefore, the Auditor was unable to obtain an inmate’s perspective regarding this provision.

The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates that report prior sexual victimization 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. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.82 Provision (b)

DRCF provides 24-7 contracted medical services at the facility. However, if for some reason if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders indicated that they would take preliminary steps to protect the victim and immediately notify local emergency services.

When the Auditor spoke with the PCM, he advised the Auditor that nursing staff is available 24-7.

Interviews were conducted with 12 random staff, and of those staff interviewed, all 12 staff members stated that they would immediately remove the inmate from the situation or housing unit. When interviewing the first responder; he explained that he would make the scene safe, report to a supervisor, preserve evidence, contact medical personnel, write a report, and protect the crime scene.

The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates that report sexual abuse are offered immediate medical and mental health services when no qualified medical and mental health personnel is available. Therefore, through policy and interviews conducted the facility has demonstrated that it meets this provision.

115.82 Provision (c)

The Medical Evaluations Manual, Chapter 13, states that, “The clinician will call the Emergency Room to which the patient is being transported to inform the receiving facility of the event and the patient’s observed condition. A copy of the clinician’s findings of the initial history and cursory examination shall accompany the patient to the hospital. The contractor nurse will contact the facility PREA compliance manager to let them know the patient has been seen, stabilized and sent to the hospital within one hour of the transfer. The Nurse will make a referral to the mental health vendor for follow up of the patient upon his or her return to the facility along with state psychology. Within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room

notes, and write appropriate orders for care in the patient's medical record. If the provider is off site the ER protocol for review will be conducted and the disposition of care executed. All inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit regarding the allegations of sexual assault. All follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. All of the PREA related post assault follow-up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy (if female)."

The DRCF utilizes the services of Mercy Hospital in Baltimore, Maryland where the services of the Forensic Nurse Examiners provide these services. The interview with the SANE Nurse specifically outlined that the SANE will offer information, timely access to emergency contraception, and sexually transmitted infections prophylaxis.

When conducting interviews with medical and mental health staff it was indicated that, "Yes, the SANE Nurse at the Mercy Hospital would offer those services."

DRCF reported no instances during this audit period that required a medical forensic examination.

The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates are offered information and access to emergency contraception and sexually transmitted infections prophylaxis after allegations of sexual abuse. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.82 Provision (d)

OPS.050.0001 states in part that; "If medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by a Sexual Assault Forensics Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE)."

The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates that report sexual abuse do not incur any financial responsibility due to a sexual abuse allegation. Therefore, through written policy the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring access to emergency medical and mental health services.

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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) Medical Administration Manual, Chapter 9
- b) Medical Evaluations Manual Chapter 13
- c) OPS.050.0001 (Sexual Misconduct Prohibited)
- d) OPS.200.0005 (Inmate-on-Inmate Sexual Conduct)

Interviews:

- 1) Interviews with Medical & Mental Health Staff

Observations made during the on-site audit and document review.

115.83 Provision (a) & (b)

The Medical Evaluations Manual, Chapter 13, states that, "The clinician will call the Emergency Room to which the patient is being transported to inform the receiving facility of the event and the patient's observed condition. A copy of the clinician's findings of the initial history and cursory examination shall accompany the patient to the hospital. The contractor nurse will contact the facility PREA compliance manager to let them know the patient has been seen, stabilized and sent to the hospital within one hour of the transfer. The Nurse will make a referral to the mental health vendor for follow up of the patient upon his or her return to the facility along with state psychology. Within 4 (four) hours of return to the DPSCS facility, a clinician will review the emergency room notes, and write appropriate orders for care in the patient's medical record. If the provider is off site the ER protocol for review will be conducted and the disposition of care executed. All inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit regarding the allegations of sexual assault. All follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. All of the PREA related post assault follow-up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy (if female)."

The interviews conducted revealed that medical staff would not take the lead on treatment and would consult with the SANE Nurse or an attending physician. The medical supervisor stated that the treatment should be individualized based on the type of injury and that the nurse and attending doctor would determine that and that their job is the continuity of care. The mental health professional stated that it depended on how the interview would go to determine if the inmate is suffering from mental health needs.

The evidence collected for this provision shows that the agency has procedures in place to ensure the facility offer medical and mental health evaluation and treatment to all inmates who have been sexually victimized. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets these provisions.

115.83 Provision (c)

DRCF employs medical and mental health professionals that must be licensed and registered to practice in the state of Maryland. These licenses must be maintained to continue employment. For the purpose of this standard, both the medical supervisor and the mental health professional stated that, “Yes, the services offered are consistent with those in the community.” Both the medical and mental health services provided by the Dorsey Run Facility are consistent with the community level of care.

The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates receive medical and mental health services consistent with the community level of care. Therefore, through interviews conducted the facility has demonstrated that it meets this provision.

115.83 Provision (d) & (e)

The Medical Evaluations Manual, Chapter 13, states that “All inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit regarding the allegations of sexual assault. All follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. All of the PREA related post assault follow-up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy (if female).” The manual further states that, “If pregnancy results from the sexual abuse the detainee or inmate shall receive timely and comprehensive information about access to all pregnancy related medical services including abortion, as outlined in the DPSCS Clinical Service Pregnancy Management Manual along with a referral to Mental Health/Social Work.”

When conducting an interview with the medical supervisor, she replied that the Dorsey Run Facility is an all-male facility. In addition, the medical supervisor indicated that, “Yes, a positive pregnancy result from an inmate female victim would receive timely information about access to all lawful pregnancy related services and those services would be provided as soon as possible.”

The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates that are victims of vaginal penetration are offered pregnancy tests along with timely information about access to all lawful pregnancy-related medical services. However, the Dorsey Run Correctional Facility is an all-male facility. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that this provision is not applicable.

115.83 Provisions (f) & (g)

The Medical Evaluations Manual, Chapter 13, states that “All inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit regarding the allegations of sexual assault. All follow-up testing related to Sexually Transmitted Infections (STI), pregnancy, HBV, RPR shall be reviewed with the inmate within 5 business days, including any additional testing or required treatment. All of the PREA related post assault follow-up clinical activities for medical, and mental health care must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy (if female).” OPS.050.0001 states in part that; “If medically appropriate or necessary to preserve evidence, offer the victim access to a medical forensics examination at no cost to the victim that is performed by a Sexual Assault Forensics Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE).”

The Auditor did not interview any inmates that reported sexual abuse because the facility reported that no inmate that reported sexual abuse was still being housed in the DRCF at the time of the on-site audit. Therefore, the Auditor was unable to obtain an inmate's perspective regarding this provision.

The evidence collected for this provision shows that the agency has procedures in place to ensure that inmates that are victims of sexual abuse are offered tests for sexually transmitted infections as appropriate. Therefore, through written policy, the facility has demonstrated that it meets this provision.

115.83 Provision (h)

The Mental Health Evaluation Manual, Chapter 13, states that, "The alleged abuser shall be offered a mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse."

During the interview with the mental health professional, she was asked if they would conduct an interview with all inmate-on-inmate abusers and offer treatment if appropriate. Also, when would these interviews be conducted. The mental health professional indicated that, "Yes, interviews would be conducted, and they would more than likely occur as soon as possible." The medical supervisor was interviewed and stated that this responsibility would fall on the mental health staff.

The evidence collected for this provision shows that the agency has procedures in place to attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 30 to 60 days of learning such abuse history. Therefore, through written policy the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring ongoing medical and mental health care for sexual abuse victims and abusers.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) OSPS.020.0027 (PREA Investigations Tracking & Review)
- b) DRCF.050.0030.1 (Sexual Misconduct Prohibited)
- c) Sexual Abuse Investigative File

Interviews:

- 1) Interview with the Warden
- 2) Interview with the PREA Coordinator
- 3) Interview with the Incident Review Team Member

Observations made during the on-site audit and document review.

115.86 Provision (a)(b)

DRCF.050.0030.1 states in part that; “DRCF shall conduct a sexual abuse incident review at the conclusion of each PREA investigation unless it is determined to be unfounded. This review shall be held in concert with the violence reduction meeting. The review shall occur within 30 days of the conclusion of the investigation. The PCM shall lead this review and complete a Sexual Abuse Incident Review. The completed form shall be sent to the Warden, and a copy shall be maintained in the PCM file for that incident.” Policy OSPS.020.0027 further states that, “Except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded shall review the incident.”

The Dorsey Run Facility has reported 2 incidents of inmate sexual abuse over the last twelve months with one case still open. The other case did not require an Incident Review because the case was determined to be unfounded. The facility has provided copies of those PREA Report of Incident Review forms. The forms list include who was in attendance, the date the review took place, summary of the incident, review of the considerations and factors, and any proposed action plan.

The evidence collected for these provisions shows that the agency has procedures in place to ensure that an incident review is conducted after every sexual abuse investigation excluding those that are unfounded. In addition, the incident review shall occur within 30 days of the conclusion of the investigation. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.86 Provision (c)

OSPS.020.0027 states in part that; “The facility incident review team shall consist of upper-level facility management officials designated by the facility managing official after consultation with the facility PREA Compliance Manager and have input from or access to line supervisors, investigators, and medical or mental health practitioners concerning the incident being reviewed.”

The Auditor did not review any administrative investigation that required an Incident Review.

In the interview with the Warden, he was asked who is part of the sexual abuse incident review team? The Warden stated that the team is referred to as the “Monthly Reduction in Violence Team” and is made up of the Assistant Warden, PCM, medical staff, mental health professional, custody supervisor, and intelligence supervisor.

The evidence collected for this provision shows that the agency has procedures in place to ensure that the review team is made up of upper-level management, supervisors, investigators, and medical/mental health staff. Therefore, through written policy, document review, and interviews conducted the facility has demonstrated that it meets this provision.

115.86 Provision (d) & (e)

OSPS.020.0027 states in part that; “Consider if the incident or allegation indicates a need to change policy or procedure to better prevent, detect or respond to sexual abuse. Consider if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, Gang affiliation, or other group dynamics at the correctional facility.” The policy further states, “Examine the location where the incident allegedly occurred to determine if there are physical plant issues that may have contributed to the incident and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing these areas. Prepare a report of findings for the managing official and PREA compliance manager, which includes, but is not limited to identifying problem areas, providing necessary corrective action, and recommendations for improvement.”

The Dorsey Run Facility utilizes the Sexual Abuse Incident Review Form to conduct their Incident Reviews. A form must be completed when appropriate. This form requires the team to answer the following questions:

- a) Incident Description
- b) Incident Motivation
- c) Race, Ethnicity, Gender Identity, Gang Affiliation, or Other
- d) Review of location to assess whether physical barriers in the area may enable abuse
- e) Review staffing levels in area of incident during different shifts
- f) Need for additional or augmented monitoring technology
- g) Recommended changes/improvements to policy or practice

The Sexual Abuse Incident Review documents that were reviewed by the Auditor over the last three years has those factors listed on the form to specifically discuss the six topics listed in this provision. In addition, the files reviewed by the Auditor contained areas for recommendations on all the above topics.

Interviews with the Warden, Incident Review Team Member, and PCM all revealed that these topics are considered and discussed during the review. The facility forwards all incident review documentation to the PREA Coordinator for review.

The evidence collected for this provision shows that the agency has procedures in place to ensure that the incident review team considers all the above listed criteria when convening their meetings. Therefore, through written policy, and interviews conducted, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring sexual abuse incident reviews.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- OPSPS.020.0027 (PREA Investigations Tracking & Review)
- DPSCS PREA Annual Reports 2013-2023
- Bureau of Justice Statistics Agency Survey of Sexual Violence 2023

- d) Bureau of Justice Statistics Dorsey Run Facility Survey of Sexual Violence 2023
- e) CY 2023 PREA Data Summarized Outcome and Offender Type

Observations made during the on-site audit and document review.

115.87 Provision (a)(c)

OPSPS.020.0027 states in part that; “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 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.”

The DPSCS website lists the agency’s last eleven years’ worth of PREA aggregated data in their PREA annual reports and the facility has provided approximately six facility 2023 Bureau of Justice Statistics surveys. The 2023 PREA annual report contains comparisons of the current year’s data and corrective actions from the previous years’ assessment of the agency’s progress.

The evidence collected for this provision shows that the agency has procedures in place to collect accurate uniform data for every allegation of sexual abuse. The data collected is used to complete the federal mandated Survey of Sexual Violence questionnaire. Therefore, through written policy and document review, the facility has demonstrated that it meets these provisions.

115.87 Provision (b)

OPSPS.020.0027 states in part that; “The IID will annually report PREA related data to the PREA Coordinator, or a designee. By June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.”

The facility has provided the last eleven three years’ worth of PREA aggregated data in their annual reports. The 2023 PREA annual report contains comparisons of the current year’s data and corrective actions from the previous two years’ assessment of the agency’s progress.

The evidence collected for this provision shows that the agency has procedures in place to ensure that the facility will aggregate the incident based sexual abuse data annually. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.87 Provision (d)

OPSPS.020.0027 states in part that; “The PREA Coordinator, or a designee shall aggregate the incident-based sexual abuse data annually. Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.”

The evidence collected for this provision shows that the agency has procedures in place to maintain, review, and collect data needed from all incident-based documents. The agency then collects all the data from each correctional facility in order to develop the agency’s annual report. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.87 Provision (e)

OPSPS.020.0026 states in part that; “The PREA Coordinator, or a designee shall ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department’s sexual abuse

prevention, detection, and response policies, practices, and training. If applicable, identifies Department-wide problem areas or problems within specific correctional facilities.”

The facility has provided the eleven years’ worth of PREA aggregated data in their annual reports. The 2023 PREA annual report contains comparisons of the current year’s data and corrective actions from the previous years’ assessment of the agency’s progress. In addition, the facility has provided copies of several facility’s 2023 BJS Survey of Sexual Victimization forms provided to the agency for inclusion into the agency report. The agency collects all the data from each correctional facility in order to develop the agency’s annual report. However, the DPSCS does not privately contract to hold DOC inmates in the state of Maryland.

The evidence collected for this provision shows that the agency has procedures in place to obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.87 Provision (f)

OPSPS.020.0027 states in part that; “The IID is responsible for providing by June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice.”

The facility has provided copies of their agency’s 2023 BJS Survey of Sexual Victimization forms provided to the Department of Justice.

The evidence collected for this provision shows that the agency has procedures in place to submit their annual SSV report to the Department of Justice. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring Data Collection.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) OPSPS.020.0027 (PREA Investigations Tracking & Review)
- b) Copies of the DPSCS 2013 through 2023 PREA Annual Reports
- c) The DPSCS Official Website

Interviews:

- 1) Interview with Agency Head
- 2) Interview with PREA Coordinator
- 3) Interview with PREA Compliance Manager

Observations made during the on-site audit and document review.

115.88 Provision (a)

OPSPS.020.0027 states in part that; “The PREA Coordinator, or a designee shall aggregate the incident-based sexual abuse data annually. Ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department’s sexual abuse prevention, detection, and response policies, practices, and training. If applicable, identifies Department-wide problem areas or problems within specific correctional facilities and is used to facilitate corrective action at the Department and correctional facility levels.”

The facility has provided the eleven years of their PREA Annual Reports as evidence to support compliance with this provision. The reports include all the above elements outlined in this provision, specifically, under the corrective action and summary comparison portions of the annual reports.

Interviews conducted with the Agency Head and PREA Coordinator confirmed that an annual report is generated to assess and improve the effectiveness of the agency’s prevention, detection, and response to sexual abuse. The PREA Compliance Manager stated that the report is used for identifying specific trends or what the needs are in the facility.

The evidence collected for this provision shows that the agency has procedures in place to review data collected to better assess and improve the effectiveness of its sexual abuse policies. Therefore, through written reports, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.88 Provision (b)

OPSPS.020.0027 states in part that; “The PREA Coordinator or Designee shall compare the current calendar year’s data and activities with that available from previous years and assess the Department’s progress in addressing sexual abuse.”

The DPSCS PREA Annual reports are compared by institutions. This includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse. The 2023 DPSCS PREA Annual Report makes comparisons for Inmate-on-Inmate Allegations of Sexual Abuse from 2022 to 2023 and Staff Sexual Misconduct from 2022 to 2023.

The facility has provided the last eleven years’ worth of PREA annual reports containing comparisons of the current year’s data and corrective actions from the previous year’s assessment of the agency’s progress.

The evidence collected for this provision shows that the agency has procedures in place to ensure that the facilities provide prior year comparisons in its yearly PREA annual report. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.88 Provision (c)

OPSPS.020.0027 states in part that; “The PREA Coordinator or Designee shall compare the current calendar year’s data and activities with that available from previous years, assesses the Department’s progress in addressing sexual abuse, and is approved by the Secretary and made available to the public through the Department’s public website that redacts information.”

The facility has posted the last eleven years of sexual safety statistics in their PREA Annual Reports located on their website. This is a public website that provides access to those reports. When interviewing the Agency Head/Designee, he stated that, “Yes, he reviews and is responsible for thirteen facilities, but the agency report is forwarded to the Secretary for final approval and signature.” The PREA annual reports are signed by both the PREA Coordinator, Deputy Secretary of Operations and the Secretary.

The evidence collected for this provision shows that the agency has procedures in place to make the PREA Annual Report public by posting it to their website and that the Director must have final approval. Therefore,

through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

115.88 Provision (d)

OPSPS.020.0027 states in part that; “The PREA Coordinator or Designee shall compare the current calendar year’s data and activities with that available from previous years, assesses the Department’s progress in addressing sexual abuse, and is approved by the Secretary and made available to the public through the Department’s public website that redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information, and related to personal identifiers.”

The facility reported that the only information redacted from the annual reports are the names of the individuals involved and that there has been no material redacted. The PREA Coordinator stated during his interview that only personal identifiers and threats to safety and security would be the only reasons to redact information from the PREA Annual Report.

The evidence collected for this provision shows that the agency has procedures in place to redact only specific information from the PREA Annual Report. Therefore, through written policy, document review, and interviews conducted, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring Data Review for corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Auditor gathered, analyzed, and retained the following evidence related to this standard:

Documents:

- a) OPSPS.020.0027 (PREA Investigations Tracking & Review)
- b) DPSCS 2023 PREA Annual Report
- c) The DPSCS Official Website

Interviews:

- 1) Interview with PREA Coordinator

Observations made during the on-site audit and document review.

115.89 Provision (a)

OPSPS.020.0027 states in part that; “The PREA Coordinator or designee shall securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information.”

The PREA Coordinator was interviewed and asked how the agency ensures that the data collected is securely retained. The PREA Coordinator stated that all PREA-related information is stored in two secure locations. Either at the IID office or in a secure file cabinet in the PREA Coordinator's office. Access to this information is on a need-to-know basis.

The evidence collected for this provision shows that the agency has a procedure in place to secure collected data regarding sexual abuse allegations. Therefore, through written policy and interviews conducted, the facility has demonstrated that it meets this provision.

115.89 Provision (b) &(c)

OPSPS.020.0027 states in part that; “The PREA Coordinator, or a designee shall aggregate the incident-based sexual abuse data annually. Maintain review and collect data as needed from all available incident-based

documents, including reports, investigative files, and sexual abuse incident reviews. Ensure that all aggregated sexual abuse data is included in an annual report that includes an assessment of the Department's sexual abuse prevention, detection, and response policies, practices, and training." The policy further states that, "The Secretary will make available to the public through the Department's public website that redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information, and related to personal identifiers."

The agency has posted the 2013 through 2023 PREA Annual Reports on their website. This is a public website that provides access to this report. This report can be viewed by going to the agency's website.

The evidence collected for this provision shows that the agency has procedures in place to make the PREA Annual Report public by posting it to their website and that all personal identifiers are redacted prior to publication. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

115.89 Provision (d)

OPSPS.020.0027 states in part that; "The PREA Coordinator or designee shall maintain sexual abuse data for at least 10 years from the date received."

The evidence collected for this provision shows that the agency has procedures in place to ensure sexual abuse data is retained for at least 10 years after the date of the initial collection. Therefore, through written policy and document review, the facility has demonstrated that it meets this provision.

Conclusion:

Based upon the review and analysis of all the available evidence, the PREA Auditor has determined that the facility is fully compliant with this standard requiring data storage, publication, and destruction.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA Standard 115.401 Frequency and Scope of Audits

This is the Dorsey Run Correctional Facility's fourth PREA Audit. The initial audit was conducted in December of 2016. In 2021, the facility met 45 PREA standards, exceeded 0 standards, and 0 standards were not applicable. Each facility under the direct control of the Maryland Department of Public Safety Correctional Services had been audited at least once during the previous three-year audit cycle. During the previous three-year audit cycle, the Maryland Department of Public Safety Correctional Services ensured that at least one-third of its facilities were audited each year. This is the first year of this audit cycle.

The Auditor was given full access to and observed all areas of the facility without obstruction. The Auditor received all requested documents or copies of relevant materials. The Auditor was also permitted to conduct all interviews in a private setting with both inmates and staff. Finally, the inmates were permitted to send the Auditor confidential correspondence in the same manner that legal mail would be handled. This topic was discussed and documented prior to the audit. The Auditor did receive one inmate correspondence during this PREA audit.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

PREA Standard 115.403 Audit Contents and Findings

The Dorsey Run Correctional Facility, which is a correctional facility, operated by the Maryland Department of Public Safety Correctional Services has posted the facility's last three PREA Auditor's Summary Reports on their agency website. The agency publishes all facility PREA audits on their website and schedules one-third of their facilities to be PREA audited every three years. Therefore, evidence would suggest that this would happen once again after receiving the 2025 PREA audit final report for the Dorsey Run Correctional Facility.

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Ron L Kidwell

May 16, 2025

Auditor Signature

Date

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

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