

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Report 5-22-18

Auditor Information

Name: Christine Wakefield	Email: Wakefieldc1@Michigan.gov
Company Name: Michigan Department of Corrections	
Mailing Address: 1727 West Bluewater Highway	City, State, Zip: Ionia, Michigan, 48846
Telephone: 616-755-1857	Date of Facility Visit: April 12, 2018

Agency Information

Name of Agency: Division of Parole & Probation		Governing Authority or Parent Agency (If Applicable): Maryland Department of Public Safety and Correctional Services	
Physical Address: 6776 Reisterstown Rd., Suite 212A,		City, State, Zip: Baltimore, MD 21215	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 410-585-3500		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The Department of Public Safety and Correctional Services protect the public, its employees and detainees and offenders under its supervision.			
Agency Website with PREA Information: www.dpscs.maryland.gov			

Agency Chief Executive Officer

Name: Joseph Clocker	Title: Director of the Division of Parole and Probation
Email: joseph.clocker@maryland.gov	Telephone: 410.585.3053

Agency-Wide PREA Coordinator

Name: Dave Wolinski	Title: Agency PREA Coordinator
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Email: dave.wolinski@maryland.gov	Telephone: 410-339-5033
PREA Coordinator Reports to: Steven Moyer	Number of Compliance Managers who report to the PREA Coordinator 23

Facility Information

Name of Facility: Threshold, Inc			
Physical Address: 1702 St. Paul Street Baltimore, MD 21202			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 410-727-0100			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: Threshold Inc. is a private non-profit agency incorporated under the Laws of the State of Maryland to provide community based treatment and work release services for persons incarcerated in the State Prison System. The focus of the program is to assist in the reintegration of the adult male offender. We offer social tools that reduce reliance on criminal behavior and increase the ability of the individual to function in a socially acceptable manner. The services provided includes, but not limited to, education, counseling, family reintegration and work release. The services provided would meet the needs of the assigned persons, concern for public safety and the staff; as well as fulfill constitutional and statutory requirements. The agency staff is educated and/or trained in the correction field.

Facility Website with PREA Information: NA

Have there been any internal or external audits of and/or

Accreditations by any other organization?

☒ Yes ☐ No

Director

Name: Carlton Gordon	Title: President of Board of Directors
Email: thres1702@yahoo.com	Telephone: 410-727-0100

Facility PREA Compliance Manager

Name: Curtis Barnett	Title: Assistant Director
Email: Click or tap here to enter text.	Telephone: 410-727-0100

Facility Health Service Administrator

Name: N/A	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity: 32	Current Population of Facility: 26
Number of residents admitted to facility during the past 12 months	101
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:	0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	93
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	100
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18-64
	<input type="checkbox"/> Juveniles Click or tap here to enter text.
	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:	3-6 months
Facility Security Level:	Pre-release
Resident Custody Levels:	Pre-release
Number of staff currently employed by the facility who may have contact with residents:	13
Number of staff hired by the facility during the past 12 months who may have contact with residents:	0
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0

Physical Plant

Number of Buildings: 1	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	6

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

Threshold has 17 cameras placed throughout the center, located on all three floors of the building, in areas that promote resident and staff safety, but provide the needed privacy for residents to shower, dress and use the bathroom without being viewed by staff of the opposite gender. Threshold presented auditors with schematics of camera placement and these cameras were verified upon touring the center. All cameras are viewed primarily from one location at the front counter and footage is retained for 30 days. The Threshold Director and Assistant director are able to view cameras while on and off site 24 hours a day, 7 days a week if the need arises.

Medical	
Type of Medical Facility:	Metro Transition Center - Correctional Hospital
Forensic sexual assault medical exams are conducted at:	Mercy Medical Center
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	23

Audit Findings

Audit Narrative

Threshold Community Confinement Center, PREA AUDIT 2018

A Prison Rape Elimination Act Audit of the Threshold Community Confinement Center was conducted Wednesday, April 11th, 2018 to determine compliance with the Prison Rape Elimination Act standards. I, Christine Wakefield, was assisted by Barbra Storey, Matt Silsbury and CJ Carlson.

PRE AUDIT Process

The pre-audit phase began in early March 2018 which consisted of emails and phone calls between the Executive Director Nicole Halsey and I, and PREA Manager Kurt Barnett. Ms. Halsey and Mr. Barnett provided me with extensive documentation as well as the required Pre-Audit Questionnaire (PAQ). The standards were divided among the auditors with each reviewing the documentation for their assigned standards and using the auditor tool as a guide. Six weeks prior to the onsite visit, Threshold was provided with *Audit Notices* which included auditor contact information for posting throughout the facility for inmates to write the audit team with any concerns they wanted addressed. Threshold provided me with time stamped documentation showing the notices were in fact posted throughout the center. No correspondences were received prior to the on-site visit to Threshold Community Confinement Center.

Entrance Interview – Wednesday, April 11, 2018

An entrance meeting was held the morning of the onsite audit with all 4 PREA Auditors and the following Threshold staff: Nicole Halsey- Executive Director, Curtis Barnett- Assistant Director/PREA Compliance Manager, Lisa Lewis – Administrative Assistant and Mary Lynn Lupton – Case Manager. The entrance meeting consisted of Director Halsey giving an overview of the center and its operations, and auditors setting a plan for the audit.

We would like to extend our sincere appreciation to the Threshold staff for their extensive preparation for this audit, the professionalism they demonstrated throughout our visit and their willingness to comply with all requests made by the auditors. It was clearly evident during our visit, the Threshold staff work well as a team and go above and beyond to make Threshold a safe place to work and reside.

Community Confinement Center Tour

After the entrance meeting, the auditors were given a tour of all areas of the center, including: all 6 Dorm rooms, laundry, kitchen, dining room, boiler room, GED classroom, additional storage area, intake area, and miscellaneous administrative offices. During the tour, informal interviews were conducted with inmates and staff throughout the center.

Interviews Conducted

Staff - A total of 6 staff was interviewed who worked all shifts, with at least one staff member interviewed from each interview category that applied to Threshold. Threshold utilizes the DPSCS investigative staff upon the receipt of any PREA complaints. Threshold does not employ Medical or Mental Health staff on site and uses Mercy Medical Center or Metropolitan Transition Center for all resident medical and mental health needs. The following STAFF interviews were conducted:

- Agency Contract Administrator – 1
- Director – 1
- PREA Compliance Manager – 1
- Designated Staff Member Charged with Monitoring Retaliation – 1
- Incident Review Team – 1
- Investigative Staff – 1
- Human Resources Staff – 1
- SANE/SAFE – 1 telephone interview
- Staff who Perform Screening for Risk of Victimization and Abusiveness – 1
- Medical Health Staff – 1 telephone interview
- First Responders – 6
- Intake Staff – 1
- Volunteers/Contractor – 1 telephone interview
- Random Staff Interviews – 6

Inmates - A total of 6 random inmates were interviewed. There were no inmates housed at Threshold who met any of the specialized interview types. On April 11, 2018, the morning count was 26, and the afternoon count was 26.

Postings

There was PREA information clearly posted on the walls, both in English and Spanish throughout the center including the PREA Hotline number and was operational upon testing. Postings listed the steps that could be taken to report sexual abuse or sexual harassment incidents and provided contact information for the prisoners to report these incidents. Secondary PREA postings were hung in both English and Spanish and cited Maryland DPSCS zero tolerance policy related to sexual abuse and sexual harassment. The Auditor's "Notice of Audit" was also observed posted throughout the center and in plain sight.

Bathroom and Showering Areas

The 2 Resident bathrooms were situated on the 2nd and 3rd floor of the building, and were a traditional style setting that you would find in most homes. The bathroom included a shower and toilet, enough room to change clothing and also provided the privacy residents needed to perform these functions without being viewed by staff of the opposite gender, and presented no security concerns.

Log Books / Knock and Announce

Because of the very small size of Threshold there were 2 log books being utilized at the center, a Confidential Log and a Pass on Log Book. The log books were reviewed and it showed evidence of unannounced supervisory rounds from all levels, which are being conducted on all three shifts. Staff and residents both stated they were not made aware in advance when supervisors were making rounds and the rounds are staggered and done at different times each day.

It was evident while on site that a female staff announcement is being made reminding prisoners of female presence within the building, prior to female staff going up stairs to the resident dorm rooms. The announcement is made via intercom from the front desk and is loud enough for all to hear. Knock and Announce signs were posted on each of the dorm rooms. Also, when females are entering into a dorm room, they announce themselves just prior to going into the Dorm room setting.

EXIT Interview

On April 11, 2018 upon concluding the tour of Threshold the audit team conducted a very brief exit interview with Facility staff. The audit team gave an overview of the audit process and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act. Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff.

Facility Characteristics

Threshold, Inc. was founded in 1969 as a halfway house for offenders. The facility was located at the old Madison Avenue YWCA. In 1972, Threshold, Inc. became an all-male program, and moved to its present location at 1702 St. Paul Street. The facility is a three-story masonry structure build in 1929 and is approximately 3400 sq. ft., with a basement. The main entrance is on the first floor, where the front door is controlled by a buzzer release, operated by the house manager. The house manager's station/operation area is directly adjacent to the foyer and hallway. The dining/multi-purpose room, staff lavatories and kitchen are the adjoining rooms on the first floor. There is a small storage closet in the corridor. All levels of the facility have a fully operational fire sprinkler system. The residents are housed on the second and third levels of the building at 1702 St. Paul, in six separate bedrooms. The bedrooms are set up as dormitories and contain four to eight unattached beds, mostly bunked, with a variety of lockers, chests, tables and other assorted furniture. Closets are in most of the dormitories. A small lavatory with a porcelain toilet, wash basin and shower is located on each floor. Overhead lights are in the hallways and the living

quarters have ceiling lights and fans. The middle bedroom on each floor has an alarmed window with access to a fire escape. The administrative offices are in the basement. A dry food storage room, a laundry room, a boiler room and miscellaneous storage space are also in this area. One stairway connects all levels of the building with fire doors separating each of the floors. The rear of the building contains a small yard bordering an alley. The education building, which was constructed in 1999, is adjacent to the rear yard. It is a two-story brick structure with a conference area, a small compact kitchen, a storage closet and a furnace room on the first floor. The second floor is used for storage and has a working bathroom. Threshold has 17 cameras placed throughout the center, located on all three floors of the building, in areas that promote resident and staff safety, but provide the needed privacy for residents to shower, dress and use the bathroom without being viewed by staff of the opposite gender. The additional cameras gained since 2015 were a recommendation made by the last PREA auditor. Threshold presented auditors with schematics of camera placement and these cameras were verified upon touring the center. All cameras are viewed primarily from one location at the front counter and footage is retained for 30 days. The Threshold Director and Assistant Director are able to view cameras while on and off site, 24 hours a day, 7 days a week if the need arises.

Summary of Audit Findings

Number of Standards Exceeded: 0

Number of Standards Met: 39

- 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- 115.212 Contracting with other entities for the confinement of residents.
- 115.213 Supervision and monitoring.
- 115.215 Limits to cross-gender viewing and searches.
- 115.216 Residents with disabilities and residents who are limited English proficient.
- 115.217 Hiring and promotion decisions.
- 115.218 Upgrades to facilities and technologies.
- 115.221 Evidence protocol and forensic medical examinations.
- 115.222 Policies to ensure referrals of allegations for investigations.
- 115.231 Employee training.
- 115.232 Volunteer and contractor training.
- 115.233 Resident education.
- 115.234 Specialized training: Investigations.
- 115.235 Specialized training: Medical and mental health care.

115.241 Screening for risk of victimization and abusiveness.
115.242 Use of screening information.
115.251 Resident reporting.
115.252 Exhaustion of administrative remedies.
115.253 Resident access to outside confidential support services.
115.254 Third-party reporting.
115.261 Staff and agency reporting duties.
115.262 Agency protection duties.
115.263 Reporting to other confinement facilities.
115.264 Staff first responder duties.
115.265 Coordinated response.
115.266 Preservation of ability to protect residents from contact with abusers.
115.267 Agency protection against retaliation.
115.271 Criminal and administrative agency investigations.
115.272 Evidentiary standard for administrative investigations.
115.273 Reporting to residents.
115.276 Disciplinary sanctions for staff.
115.277 Corrective action for contractors and volunteers.
115.278 Disciplinary sanctions for residents.
115.282 Access to emergency medical and mental health services.
115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
115.286 Sexual abuse incident reviews.
115.287 Data collection.
115.288 Data review for corrective action.
115.289 Data storage, publication, and destruction.
115.401 Frequency and scope of audits.
115.403 Audit contents and findings.

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

There was no corrective action necessary.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (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

115.211 (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

Auditor Overall Compliance Determination

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

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

Executive Directive OSPS.050.0030; Sexual Misconduct-Prohibited, effective June 26, 2015 which states the Department does not tolerate sexual misconduct by an employee, by either omission or commission, and does not consider alleged or actual consent as a defense to an allegation of sexual misconduct. Executive Directive OSPS.200.0004, Inmate on Inmate Sexual Conduct-Prohibited, effective November 13, 2015 also prohibits inmate-on-inmate sexual conduct of any sort.

In addition, a Unit Directive was provided specifically for Threshold Community Confinement Center. Unit Directive 200, Prison Rape Elimination-Zero Tolerance, dated March 28, 2014, states in part, "This facility shall maintain a zero tolerance policy regarding inmates' sexual conduct and response to preventing, detecting, and responding to sexual abuse, sexual harassment and bullying."

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

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

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

Threshold, Inc. provided specific documentation including Threshold, inc. Unit Directive 200, which indicates that Nicole Halsey, who is the Assistant Director at Threshold, has been designated as the PREA Compliance Manager for Threshold. Ms. Nicole Halsey reports to the Executive Director, Carlton Gordon. During an interview with Ms. Halsey, she indicated that a thorough system has been developed that allows Threshold to uphold each PREA standard and the many processes that are necessary for compliance with the standards. Ms. Halsey stated she has sufficient time and authority to assure that Threshold is in compliance with PREA standards.

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

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) ☒ Yes ☐ No ☐ NA

115.212 (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 residents OR the response to 115.212(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

(a): Maryland Department of Public Safety and Correctional Services (MDPSCS) contracts with "Threshold, Inc." for its pre-release services. MDPSCS provided a July 2016 copy of the contract with "Threshold, Inc." as documentation of meeting this standard. The contract, under sections 25.3 and 25.4, requires "Threshold, Inc." to comply with all Federal, State and Local laws, regulations, and ordinances applicable to its activities and obligations under this contract, and; shall fully comply with the standards set forth in the Prison Rape Elimination Act of 2003, and with all applicable regulations issued by the U.S. Department of Justice.

(b): Under the inspections and evaluations portion of the contract (2.10.1), the Contractor shall permit the Contract Monitor or authorized representatives to conduct audits, physical inspections, and evaluations of the Center at any time during the contract period. The Department's Contract Monitor or authorized representatives may enter the Center at any time without prior notice to the Contractor. Additionally, MDPSCS provided a copy of the previous PREA audit completed at "Threshold, Inc." The audit report, dated September 24, 2015 shows "Threshold, Inc." is in full compliance with PREA. This is the only agency contracted by the MDPSCS and complies with the requirements of the standard.

During the contract administrator interview with the agency PREA Coordinator, David Wolinski, it was stated that Maryland DPSCS has assigned an agency staff member as the PREA Compliance Manager/Contract Monitor at the contracted facility to ensure continued compliance with the contract and with PREA standards. Mr. Wolinski has regular intermittent conversations with the contractor and Contract Monitor regarding the facility's continued compliance. The most recent final report, dated September 24, 2015, for the contracted facility's audit has been posted on the agency's website.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
☒ Yes ☐ No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.213 (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

115.213 (c)

- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a): MDPSCS Staffing Analysis and Overtime Management establishes a staffing plan for the facilities to comply with on a regular basis and states that all facility staffing plans are reviewed annually.

Maryland Executive Directive OPS.115.0001, effective April 24, 2017, assigns responsibilities and authorizes a procedure manual for the MDPSCS to manage security staffing and overtime. The agency policy specifically addresses all of the sub-sections of this standard, and it is evident that Threshold has developed, documented and continues to make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing. Threshold administration also provided the March 5, 2018 completed facility staffing plan and the enhanced coverage with video monitoring throughout the facility was evidenced during the facility tour. During the interview and discussions with Assistant Director Halsey and review of the staffing plan and annual reviews, it is evident that the facility is in compliance with all sections of this standard.

(b): While MDPSCS OPS.115.0001 and MDPSCS Staffing Analysis and Overtime Management addresses the Agency's requirements with regard to deviations from the Facility Staffing Plan, Threshold provided Unit Directive 212, which also indicates the plan in which the facility will use in case of emergency if there is need to deviate from the Staffing Plan. The Assistant Director reported during an interview that there have been no deviations from Threshold's Facility Staffing Plan; however, Ms. Halsey indicated that if this were to occur, all deviations from the staffing plan would be justified and documented as required.

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

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

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

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

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

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents) ☐
Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) ☐ Yes ☐ No ☒ NA

115.215 (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 residents?
☐ Yes ☐ No ☐ N/A ☒

115.215 (d)

- Does the facility implement policies and procedures that enable residents 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 area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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

115.215 (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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a): Threshold reported in the PAQ that there were no instances in the past 12 months of cross-gender searches, including strip searches, body cavity searches and pat-down searches. During staff interviews, all staff indicated that neither cross-gender strip searches nor cross-gender visual body cavity searches are conducted and these cross-gender searches would not occur unless it was an emergency, and in those cases a supervisor would need to authorize and appropriately document the search.

The facility also provided the Maryland DPSCS, executive directive OPS.110.0047, Search Protocol-Inmates, effective April 15, 2015, and Threshold Unit Directive 215, Searches- Inmates, effective January 7, 2014. OPS.110.0047 states in section F(4) that an inmate strip search shall be conducted by a single correctional officer of the same gender as that of the inmate being searched; in a location and manner that ensures maximum privacy for the inmate being searched; and in the presence of additional correctional officer. The training documents provided regarding strip searches states the officer conducting the search shall be the same sex as the inmate being searched. The standard continues to state, "Ideally, another officer, also of the same sex should be present." Threshold Unit Directive 215, section E(1), states "Only male staff member will conduct a strip search of a male inmate." Both the agency and unit directives specifically prohibit cross-gender strip searches and visual body cavity searches.

(b): Section (b) of this standard is not applicable as there are no females housed at Threshold.

(c): The facility PAQ reported zero instances of cross gender searches occurring in the last 12 months at Threshold. During interviews with random staff and residents, it was evident that cross-gender strip searches and body cavity searches do not occur at Threshold. In addition, there are no females housed at Threshold.

MDPSCS, executive directive OPS.110.0047, Search Protocol-Inmates, effective April 15, 2015 and Threshold Unit Directive 215, Searches-Inmates, were provided as support for this section of the standard. These directives provide detailed information regarding personal searches of inmates which supports that Threshold is in compliance with inmate search requirements as mandated by this standard. The latter part of section (c) of this standard is not applicable, as there are no female inmates housed at Threshold.

(d): During the tour of Threshold, it was evident that the female staffs announce their presence prior to going to the upper floors and bedroom areas. There is an announcement made over the intercom system and then the female staff announces her presence once she is on the upper floor. While conducting interviews with staff and inmates, they also confirmed that “knocking and announcing” is occurring on all three shifts, each time a female staff goes to the upper floors. During the audit tour, it was obvious that residents had sufficient privacy to change clothes, perform bodily functions and shower without direct cross-gender viewing by staff. Showers were located in an area allowing privacy from staff of the opposite gender viewing their breasts, buttocks or genitalia and all residents interviewed indicated they felt they had enough privacy to change clothes, shower and perform bodily functions without being viewed by the opposite gender. Further evidence was presented to support that this standard is being followed by MDPSCS and Threshold: Maryland DPSCS, executive directive OSPA.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015 defines “cross gender viewing” as an employee observing the breasts, buttocks, or genitalia of an inmate of the opposite sex while the inmate is showering, performing bodily functions, changing clothing, or any similar activity. This directive also defines “sexual misconduct” to include cross gender viewing, if performed without warning by non-medical staff at times other than incidental to routine cell check, supervisory rounds to prevent sexual abuse and harassment, or exigent circumstances.

(e): During interviews of random staff, it was clear that staff knew they could not conduct a search or examine a transgender inmate for the sole purpose of determining the inmate’s genital status. Staff also indicated that this was part of their annual training. During interviews with the Assistant Director and Case Manager, it was stated that there has never been a Transgender inmate housed at Threshold; however if they ever do intake a Transgender inmate, appropriate PREA standard requirements will be followed by Threshold staff.

Maryland DPSCS, executive directive OPS.110.0047, Search Protocol-Inmates, effective April 15, 2015, states in section F(3), Strip searches of transgender and intersex inmates, states a strip search may not be conducted for the sole purpose of determining the inmate’s genital status. Subsection F(3b) states when circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate’s preference in the gender of the officer conducting the search. In addition, Threshold Unit Directive 215, Searches-Inmates, section D(4), states that staff is prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.

While there have not been any transgender inmates housed at Threshold, all staff clearly indicated that searching a transgender for the sole purpose of determining the genital status is not allowed and would not occur at Threshold.

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

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents 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 residents with disabilities including residents 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 residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (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 residents 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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

The department is required to provide language assistance services in accordance with applicable State and Federal law. Threshold requires that upon entry as a resident at Threshold, each resident is interviewed and provided with an orientation to the facility. Residents are provided orientation material in English or Spanish (whichever applies) for information and orientation purposes. Included with the orientation material is the Threshold Prison Rape Elimination Program Pamphlet. Each resident signs for receipt of all orientation materials. In addition, there is a video, which includes PREA information and postings regarding PREA readily available to inmates in both English and Spanish. While Threshold does not currently house any residents who have disabilities or language barriers requiring the need for interpretation, there are services available within close proximity in the Baltimore area through the MDPSCS.

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

During the tour of the facility, both English and Spanish PREA documents were present and available. Interviews with facility staff confirmed that residents would not be used as interpreters and that interpreter services were available. Staff did state if it was an emergent situation and if information was needed right away, they would utilize an inmate to get details needed to better understand the situation. There were no hearing impaired or vision impaired residents currently housed at Threshold; however, staff did show that the appropriate tools are available for these types of disabled inmates in order to promote effective communication, if necessary.

To show further support of this standard, Threshold provided executive directive OSPS.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015 which states, in section E(6), that inmates, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, their performance of first responder duties, or the investigation of an inmate's allegation. Additionally, Threshold provided executive directive OSPS.200.0004, Inmate on Inmate Sexual conduct-Prohibited, effective November 13, 2015, which states,

except under limited circumstances where a delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation, inmate interpreters, inmate readers, or other types of inmate assistance are not used to communicate information required under this directive to other inmates.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents 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 residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with residents, 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

115.217 (d)

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

115.217 (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 residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents 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 residents 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

115.217 (g)

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

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

(a): Upon interviewing Director Nicole Halsey, she indicated every new employee, contractor or volunteer undergoes a criminal background check before being allowed access to MDPSCS facilities or contact with residents. Furthermore, the applications for employees, contractors and volunteers ask the applicant directly whether they have been involved with past sexual abuse or sexual harassment.

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

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

The Human Resources Services Division (HRSD) shall adopt hiring policy consistent with federal PREA standards prohibiting the hiring or promotion of anyone who may have contact with inmates, and prohibiting the enlisting of the services of any contractor, who may have contact with inmates, who:

(a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

(b) Was convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(c) Was civilly or administratively adjudicated to have engaged in the activity described in §.04B (3) of this directive.

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

(b): Again, reviews of employee records show the applications utilized by the DPSCS directly ask applicants whether they have been the subject of sexual harassment in past. During the interview with Ms. Alston-Hatcher, she verified this information is considered when determining whether or not to hire or promote anyone who may have contact with inmates. Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states in section F(2) that Human Resources shall consider incidents of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate.

The Department affirmatively asks all the appropriate questions necessary to comply with this standard on the Personal Interview Form-Correctional Applicant.

The Department also provided a memo from the executive director of the Office of Personnel Services and Benefits permitting the Maryland DPSCS to consider questions regarding convictions of sexual abuse and harassment while making hiring and promotion decisions.

(c): During the interview with Nicole Halsey, she verified that background checks are performed on every applicant before offering a position, and they do consider pertinent civil or administrative judgments when determining whether or not to hire or promote anyone who may have contact with inmates, including contractors. Furthermore, DPSCS utilizes a system titled the "State Rap Act" which continuously monitors all staff for law enforcement contact. If contact is made, the agency is immediately notified of the contact and the details surrounding the incident. During interviews with on-site staff, it was indicated that MDPSCS Central Human Resource staffs conduct initial criminal background checks on newly hired employees and the information is maintained in the employees' files.

Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states, in section F(3), before hiring a new employee to perform duties involving contact with an inmate, the Human Resources Services Division shall conduct a criminal background records check and consistent with federal, state, and local law, make a best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or a resignation during a pending investigation of an allegation of sexual abuse.

(d): MDPSCS and Threshold do require that a criminal background check is completed prior to enlisting the services of any contractor. This was confirmed during the interview with Ms. Halsey. In both the Threshold Employee Handbook, section V.(L) and Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015, section F(3)(c), it is required that before enlisting a contractor to perform services that involve contact with an inmate, the HRSD shall conduct a criminal background records check of the contractor's employees who may have contact with an inmate.

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

A review of new employee applications did verify each employee has undergone an initial criminal background check. Ms. Halsey also acknowledged this practice is occurring during her interview. In further support of this standard, I reviewed executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 which states, in section F (3)(d) Human Resources shall conduct criminal records background checks every five years on employees or a contractor's services provider who may have contact with an inmate.

(f): MDPSCS provided the PREA guidelines for hiring, promoting and transferring employees that requires all applicants who report for an interview must read and complete the "PREA Interview Questions for Non-Mandated Positions, Mandated Positions, Promotional and Transfer Candidates." The questionnaire affirmatively asks all the questions outlined in this standard. The applicant must provide the response in writing as well as sign and date the questionnaire. Reviews of employee records show the applicants have completed the pre-employment application which directly asks applicants about past sexual abuse and sexual harassment and their records contain the interview questions mentioned above.

Ms. Halsey confirmed in her interview that the agency does require all employees and applicants to disclose verbally and/or in writing any previous or withstanding misconduct pertaining to sexual abuse or sexual misconduct, of any kind that they may have been convicted of, including any civil or administrative judgments. Executive directive DPSCS.020.0026, Prison Rape Elimination Act-Federal Standards Compliance, effective August 7, 2015 states, in section F (4) (a)-(b) the HRSD shall inquire of each applicant and current employees who may have contact with an inmate directly about previous misconduct described in §.04B (3) of this directive in a written application or interview for employment or promotions and an interview or written self-evaluation conducted as a part of a review of a current employee.

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

(h): The Department did supply the auditor with documentation showing that personnel files, which includes substantiated allegations of sexual abuse or sexual harassment involving a former employee, would be made available to a requesting institution for their review prior to transferring or promoting an MDPSCS employee. During the interview with Nicole Halsey, she indicated that if an employee applies for work at another institution, the departing facility would accommodate any requests for information related to a former employee being investigated for substantiated allegations of abuse or sexual harassment from another institution.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (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 residents 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

115.218 (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 residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

(a-b): The Agency Head interview was conducted with Ms. Martha Danner, who is the Special Assistant to Deputy Secretary John Michael Ziegler. Ms. Danner indicated there have been no new facilities or substantial expansions or modifications of existing facilities. MDPSCS provided a PREA Audit Compliance report submitted by PSA--DEWBERRY + PENZA BAILEY ARCHITECTS regarding the new BCDC Youth Detention Center. The report indicates that the facility was designed in accordance with the PREA, Prisons and Jail Standards, United States Department of Justice Final Rule, National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA), 28 C.F.R. Part 115. Specifically, the facility incorporates best practices: Sight and sound separation; Design which minimizes blind spots, and maximizes direct supervision; all housing units incorporate direct supervision; access to recreation; access to education; classrooms are designed with glazing to the corridor to allow for full visibility into classroom; correctional officers continually patrol education corridors during school hours; glazed doors and walls where visibility and control is critical; showers are locker room style with a small frosted window to permit visual supervision without violating privacy; Strategically located supervision control and nursing stations; provision of normalized environment through effective and extensive daylighting and proper material and color choices.

Threshold reported there have been no substantial expansions or modifications to buildings on the premises; this was also apparent during the audit tour. As evidenced during the facility tour, there are video cameras in place in the visiting and programming area and the common gathering area of the facility, as well as in the entrance to the hallway of the upper floors. These cameras are monitored in the central Control area of the facility which is staffed continuously and aids in the safety and security of the residents.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (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

115.221 (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

115.221 (c)

- Does the agency offer all residents who experience 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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

(a): Maryland DPSCS utilizes a specialized unit within its Department to conduct such investigations. Staff assigned to the Internal Investigative Unit (IIU), or temporarily assigned to assist the IIU, are tasked with conducting investigations into allegations of sexual abuse and sexual harassment. MDPSCS does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The IIU secretary provided the auditors with a report verifying that every investigative Detective assigned to the unit has received the agency's specialized training for investigators. The following directives and training modules were provided to show support of this standard: Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014 states the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. Furthermore, IIU.110.0011 continues to require, in paragraph B, that personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting.

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

TRAINING FOR INVESTIGATORS:

Maryland DPSCS directive OSPS.050.0030, Sexual Misconduct-Prohibited, effective June 26, 2015 states in section .05(G)(2), in every case where the allegation of alleged sexual misconduct involves sexual abuse, the investigator assigned to investigation the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting that, at a minimum, specifically address:

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

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

(b): Maryland DPSCS training module, Specialized Training: Investigations-PREA, fails to credit a comprehensive and authoritative protocol on which it is modeled. This standard requires that the agency evidence protocol be based on the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."

(c): MDPSCS/Threshold does offer all victims of sexual abuse access to forensic medical examinations off site at Mercy Medical Center (MMC) at no cost to the resident. These examinations are performed by SANE/SAFE staff. Ms. Deb Holbrook is the SANE/SAFE Administrator at Mercy Medical Center. The SANE/SAFE department was contacted and Ms. Cooley, under the direction of Ms. Holbrook, stated that all forensic examinations are conducted for Threshold Community Confinement Center when necessary. She also indicated that there is always SANE/SAFE staff available; SANE/SAFE staff are available twenty-four hours a day, seven days a week.

Threshold indicated on the PAQ that there were no forensic medical exams conducted in the past 12 months by a SANE/SAFE; and review of the investigation files and interviews supported that no exams were necessary. Additionally, staff interviews with the PREA Compliance Manager and the Assistant Director all confirmed that forensic medical examinations would be offered to all victims when necessary at the MMC at no cost to the victim. As further evidence showing support of this standard the following directives were presented:

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

(d)(e): DPSCS has contracted with Maryland Coalition Against Sexual Assault (MCASA) to provide these advocacy services statewide. The Maryland MCASA is the federally recognized state sexual assault coalition. Its core members are the state's 17 rape crisis and recovery centers, but it also represents the voices of many other professionals and service providers working with sexual assault survivors. MCASA provides policy advocacy, technical assistance, training, outreach, and prevention. MCASA's Sexual Assault Legal Institute (SALI) provides direct legal services for victims and survivors of sexual violence. As further evidence showing support of this standard, the following directives were presented: Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, section .05(D)(3) states, if the victim requests, coordinate with the managing official, or a designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensics examination and investigatory interviews.

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

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

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

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

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

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

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (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

115.222 (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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
☐ Yes ☐ No ☒ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

(a): During the past 12 months, Threshold reported that there was one allegation of sexual abuse/sexual harassment received. Threshold records, along with the interview of the Assistant Director/PREA Compliance Manager confirmed there was one allegation reported at Threshold.

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

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

Further, Maryland DPSCS directive IIU.110.0011, Investigating Sex Related Offenses, effective April 1, 2014, states the Department shall promptly, thoroughly, and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator.

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

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

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

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

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents 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

115.231 (d)

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

Auditor Overall Compliance Determination

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

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

Threshold provided the following directives and training curriculums showing further support of this standard: DPDS.03.0001 Pre Service and In-Service Training establish procedures to ensure compliance with the established training requirements for the Division of Pretrial Detention and Services Personnel. This directive is applicable to both Correctional and Civilian employees of the MDPSCS, including Threshold. The directive indicates it is the policy of the Division of Pretrial Detention and Services that facility training units shall provide documented pre-service and annual in-service training as modeled by the Maryland Police and Training Commission, the American Correctional Association and the Maryland Commission on Correctional Standards. The directive mandates that documentation of field training is maintained in the individual employee's training file and documented in the Skills Manager Database (SMD) per protocol.

Maryland DPSCS Executive Directive OSPS.050.0030 "Sexual Misconduct-Prohibited" covers the applicable definitions and elements as covered in standard 115.231 (a) 1-10. The directive indicates the head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under section .05, paragraph B of this directive, and shall ensure that among other requirements, each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct.

Maryland DPDS Executive Directive OSPS.200.0004 continues policy for the DPSCS, prohibiting inmate on inmate sexual conduct and assigns responsibility and procedures for reporting, responding to, investigating, processing, and resolving a complaint of inmate on inmate sexual conduct. Section .05, paragraph B of the directive indicates that the head of a unit, or designee, is responsible for ensuring, among other requirements, each supervisor, manager, shift commander and contractor who has contact with an inmate under the authority of the unit head is familiar with Department policy prohibiting inmate on inmate sexual conduct. Paragraph C of the same section requires that an employee attends approved training related to preventing, detecting, and responding to acts of inmate on inmate sexual conduct.

Paragraph G Investigating, Documenting, and Resolving a Complaint requires that an IID Investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department or agency procedures, or other reasonably accepted standards.

Training documentation to support the requirements of standard 115.231 (a) 1-10 are met include:

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

(b): DPSCS has an approved lesson plan titled, “Managing the Female Offender”. This training is tailored towards staff working at a facility that houses female inmates. Thresholds’ training is tailored to the gender of the male residents that are housed at the center. In interviews with Threshold staff, and after reviewing the training curriculum, it was clear Threshold staff is receiving training tailored towards Male offenders as well as how to appropriately search transgender inmates. If an employee were reassigned to other facilities/centers housing the opposite gender, staff would be given additional training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates. Threshold houses male inmates and receives PREA Training on an annual basis.

(c): Threshold reported that in the past 12 months 13 staff who have contact with inmates received the necessary PREA Training.

Threshold presented me with training records showing that all Threshold staff was PREA trained. The Agency presented the following directive showing further support of this standard: COMAR 12.10.01.16 Correctional Training Commission states each employee completes 18 hours of Commission approved mandated employee in-service training by December 31 of each calendar year.

(d): Threshold training documentation provided to auditors showed all staff completed the mandatory in-service training for PREA, as indicated by their personal signatures. During the on-site audit all 13 staff files were reviewed. All staff reviewed had completed in-service training within the last 12 months. The agency uses a computer based program to track employee training records. The program was maintained only by approved staff and was very detailed and informative. Threshold also provides refresher PREA training during staff meetings which are held on a monthly basis.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? ☒ Yes ☐ No

115.232 (c)

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

Auditor Overall Compliance Determination

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

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

(a): Threshold provided auditors with the their Volunteer and Orientation Guide entitled PREA Information Booklet for Volunteers and Contractual workers. This is a 6 page guide that outlines the volunteer/contractors' responsibilities as they relate to PREA including how one would report such incidents.

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

MDPSCS Executive Directive OSPS.050.0030 "Sexual Misconduct-Prohibited" mandates that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. Under the applicable directive "Employee" is defined as: "an individual assigned to or employed to or employed by the Department in a full-time, part-time, temporary, or contractual positions regardless of job title or classification, which includes contractors, interns, volunteers and employees of the Maryland Department of Education, Labor, Licensing and Regulation and Baltimore City Public Schools."

(b): Threshold indicated they have 1 contractor that is cleared to provide service at Threshold. Threshold Training records for the contractor was reviewed during the audit.

MDPSCS provided a copy of the brochure titled "Sexual Assault Prevention and Reporting, Staff Information Brochure". This brochure is provided to all volunteers and contractors and outlines their requirements and gives the necessary PREA education that each volunteer/contractor would need in order to manage PREA issues as they arise. The department also provided a copy of the DPSCS Volunteer Program Administrative Manual which outlines the training required for all volunteers prior to beginning any assignment within the MDPSCS.

(c): Threshold presented auditors with the signature sheet of the GED contractor who had been given the "PREA Information Booklet for Volunteers and Contractual Workers". The signature signified that he received PREA training and they understand the training they have received.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

(a): Threshold reported 101 inmates who were admitted to Threshold in the past 12 months received PREA information at intake. Inmates who were interviewed randomly and formally indicated they are receiving information on the zero tolerance policy and are also receiving PREA education by way of pamphlets and a PREA video. Upon reviewing the files of 12 random inmates, each file showed signed inmate documentation indicating receipt of the PREA education. During formal interviews of residents who had arrived at the center in the last 12 months, each resident indicated he had received PREA education upon the day of arrival at Threshold and this education included the centers zero tolerance policy and how to report sexual abuse and sexual harassment.

Threshold provided the Inmate Orientation Handbook 2016, page 11 which gives the definition of PREA and how inmates can report these incidents. Also presented was the 2007 Inmate Handbook pages 38-41 Inmate Orientation – Sexual Misconduct and Maryland DPSCS Facility Directive DCD 200-1 which establishes the rights of Division of Corrections inmates. The directive mandates that each Warden ensure that newly received inmates are provided information about inmate rights, general institutional schedules, procedures and institutional plans. The orientation may be provided through group sessions or by giving the inmate an orientation package. It further mandates that special assistance shall be provided to inmates with language or reading problems. The orientation materials or handbooks shall also be made available to the inmates for reference in the library or a designated area.

Directive DPDS.180.0005 establishes procedures for the timely provision of information and instruction to newly admitted inmates. The directive establishes responsibility for the orientation of inmates, with reasonable accommodations for persons with language, literacy or hearing limitations. This directive mandates that orientation be completed within seven (7) calendar days of intake.

Directive DPDS.200.0002 establishes procedures ensuring that upon request persons who qualify under the ADA are afforded reasonable accommodations while in the custody of the division.

Maryland DPSCS Executive Directive OSPS.050.0030 "Sexual Misconduct-Prohibited" covers the applicable definitions and elements as covered in standard 115.33. Section 05, paragraph C. The directive indicates that the head of a unit, or a designee, responsible for the custody and security of an inmate, in addition to responsibilities under .05B of this directive, shall ensure that, among other requirements, department and agency policy prohibiting sexual misconduct, procedures for filing a complaint, and inmate rights related to sexual misconduct are effectively communicated to an inmate as part of inmate orientation, orientation paperwork and the facility's handbook.

Maryland DPDS Executive Directive OSPS.200.0004 continues policy for the DPSCS prohibiting inmate on inmate sexual conduct and assigns responsibility and procedures for reporting, responding to, investigating, processing, and resolving a complaint of inmate on inmate sexual conduct.

Section .05, paragraph C of the directive indicates that the head of a unit, or designee, responsible for the custody and security of an inmate, in addition to responsibilities under section .05B of the directive shall ensure that department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation, though inmate orientation paperwork and the facilities inmate handbook.

(b): Intake staff was interviewed and reported upon arrival at Threshold, each resident received is provided with PREA Education and shown the PREA video immediately and before leaving the intake area. The inmate education was reviewed and covers PREA education as indicated. The video was also viewed and covers PREA, including inmate rights and processes to report instances of abuse very well. Before leaving the intake interview, residents sign an acknowledgement form indicating they have received information on PREA. To further support this standard, Threshold presented DPDS.180.0005 Detainee Orientation, .05 A, which indicates The Director of Case Management shall ensure the documented provision of detainee orientation is completed within 7 calendar days of intake. At Threshold intake, inmates will view the PREA video and sign off on the PREA Acknowledgment Form, which will be placed in the inmate's base file. The acknowledgment form indicates that a staff member has counseled the inmate about PREA and Thresholds zero tolerance policy regarding sexual harassment and explains prevention, reporting and response to sexual abuse and harassment.

(c): 12 randomly selected inmate files were reviewed. All files contained PREA education/training acknowledgement forms. All inmates interviewed reported they received some sort of PREA information and were very much aware of PREA and its processes available to them.

(d): DOC.200.0001, C. requires that Special assistance shall be provided to inmates with language or reading problems. Non-English speaking inmates will be provided with interpretive services. A signed acknowledgement form is to be obtained from the inmate and forwarded to case management for inclusion in his base file. Statewide language interpretation services contracts have been awarded to AdAstris, Schreiber Translations and Language Line, which is utilized by MCIJ, if needed. All staff interviewed at Threshold was aware that interpreter services were available and provided for inmates if needed. Threshold reported no instances where these services were utilized in the past 12 months.

(e): All Threshold inmate files did contain signature sheets of inmates indicating the inmate received PREA Education. DPDS.180.0005 requires that PREA education/training acknowledgement forms are placed in the inmate's base file.

(f): The agency's inmate handbook provides the information as required indicating that all inmates have a right to be free from sexual abuse and harassment as well as the department's zero tolerance policy as it relates to sexual abuse and harassment. Posters/signs in both English and Spanish indicating the agency's zero tolerance policy were displayed throughout the center including in all housing units.

(e) DPDS.180.0005 requires that PREA education/training acknowledgements forms are placed in the inmate's base file. All files reviewed while onsite contained these forms.

(f) The agency's inmate handbook provides the information as required indicating that all inmates have a right to be free from sexual abuse and harassment as well as the department's zero tolerance policy as it relates to sexual abuse and harassment. Thresholds handbook provided also has the same information available within it. Posters/signs in both English and Spanish indicating the agency's zero tolerance policy were displayed throughout the center.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (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 115.221(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 115.221(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 115.221(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 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (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 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

While interviewing IID Detectives, they indicated they received the training as required by MDPSCS policy and indicated the specialized training received regarding investigating sexual abuse and sexual harassment was in addition to the general PREA training all staff received. Both Detectives were able to articulate the definition and appropriate application of Miranda and Garrity and had a clear understanding of how preponderance of the evidence is used to determine the outcome of an investigation.

To further support this standard, MDPSCS presented auditors with the following directives and documentation: 12.04 Police Training Commission, Chapter 01 General Regulations provides the minimum standards for entrance level training for police officers which includes training on criminal investigations.

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

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

(d): MDPSCS provided training plans and documentation for all related training provided to its employees. Documentation for the following training has been reviewed as part of this audit; Investigating Sex Related Offenses April 2014, PREA Lesson Plan – Investigators, PREA Specialized Training Lesson Plan.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.235 (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 does not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

(a)(c)(d): Threshold does not employ medical or mental health staff on site, therefore there were no training records available to review. If residents are in need of medical or mental health services they are sent to Mercy Medical Center.

The Agency does have policy and procedure in effect to support this standard. I reviewed Executive Directive DPSCS.020.0026 which establishes policy for the department concerning sexual abuse and sexual harassment of an inmate. This directive, section .05 paragraph B(2), requires the department ensures compliance in areas of PREA, including Medical and Mental Health Care as required by this standard. Also, Maryland DPSCS Executive Directive OSPS.050.0030 "Sexual Misconduct-Prohibited" mandates that each employee attends approved training related to preventing, detecting, and responding to acts of sexual misconduct. Under the applicable directive "Employee" is defined as " an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification which includes: contractors, interns, volunteers and employees of the Maryland Department of Education, Labor, Licensing and Regulation and Baltimore City Public Schools." This would include medical and mental health staff, whether direct employees or contractual employees.

(b): Maryland DPSCS medical staff does not conduct forensic examinations; all inmates are sent offsite to hospitals to have forensic examinations conducted by trained SANE/SAFE staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

- Is it the case that residents 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

115.241 (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 resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a)-(g): All residents transferring into Threshold are screened immediately upon arriving at the center, well within the 72 hours permitted in this standard.

During a tour of the center, area auditors were able to observe the actual intake process. Auditors observed incoming inmates going directly through intake, and it was confirmed through the interview process of intake staff that this is the normal occurrence upon arrival to the facility. The intake case manager detailed the process that each inmate follows upon arrival; during the process, each inmate is interviewed and educated with regard to PREA. PREA educational material is given to each inmate and a PREA Intake Screening is completed for each inmate as well; the educational pamphlet and PREA Intake Screening form was reviewed by the auditor and includes all criteria required by this standard. Once the intake process is complete, each inmate's PREA Intake Screening is then forwarded to the appropriate case manager, who then reviews the form for necessary programming and placement. Auditors verified the center was conducting the 30 day reassessment. The auditor randomly reviewed 12 files, and all had the 30 day reassessment completed.

All of the random inmate interviews also indicated that they were seen within hours of their arrival at Threshold and were re-assessed within 30 days. During the tour, there were 6 inmates interviewed and all were aware of PREA and indicated that they were asked questions related to PREA during intake.

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

It also mandates that an inmate be re-assessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or potential for abusiveness.

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

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

Overall, a review of the intake process, screening tools, staff interviews, and agency and facility directives supports that all sections as required in standard 115.41 are being met.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident'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

115.242 (e)

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

115.242 (f)

- 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing:

intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a): During Threshold staff interviews, the Case Manager indicated all incoming inmates are reviewed and assessed individually, and the risk assessment information is being used to determine the appropriate bunk assignments. Inmates eligible to be housed at Threshold are carefully screened prior to admission to the center. The residents cannot have violent crimes or violent backgrounds, nor can residents have a past that includes criminal sexual misconduct of any kind, nor can they have a background that includes them being a perpetrator of sexual assault or sexual abuse, therefore the residents screened are generally neutrally scored. Due to Thresholds layout, in the event a prisoner did score out as a potential aggressor or higher, this resident would be relocated to another program/community confinement center. Threshold residents are employed with reputable businesses outside of the center throughout the Baltimore community and are regularly visited by Threshold staff.

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

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

(c, d, e): Threshold reported having zero transgender inmates within the last 12 months. During interviews with staff, they did state they would consider where transgender and intersex inmates are assigned on a case by case basis, and they always take the inmate's health and safety into consideration when determining this placement. Provisions would be made to ensure that transgender and intersex inmates' views are taken into consideration, with the main goal of placing the inmate to ensure sexual safety, as well as to ensure placement does not present management or security problems.

Auditors were able to confirm there is a process in place that would ensure proper placement and programming for transgender and intersex inmates. DOC.100.0002 Case Management Manual, along with Case Manager and Case Manager Supervisor's interviews and documentation reviewed confirm the process would take place.

(f): As observed during the tour of Threshold, all showers and bathrooms have individual showers only and provide the necessary privacy needed for residents to shower, including Transgender, if they were to reside at Threshold. All residents interviewed stated that the showers available provided them with privacy, as was also witnessed by the auditor. In addition, the showers are placed in the center so staff cannot observe the inmate showering and ensure safety of all residents.

(g): After reviewing documentation and conducting interviews with staff, it was evident that inmates would not be placed in specific dorms based solely on the identification of being lesbian, gay, bisexual, transgender, or intersex. Placement of inmates is assigned based on overall needs, and safety and security of the inmate using the standardized risk assessment screening. There were zero inmates that fit these criteria at Threshold.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request?
☒ Yes ☐ No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

(a): Maryland Executive Directives OSPS.0510.0030, effective date June 26, 2015, section 5(E) and OSPS.200.0004, effective date November 13, 2015, section 5(E) state that a complaint may be submitted by the victim, an individual with knowledge of an incident of sexual misconduct, or a “third party” on behalf of the victim. The complaint may be submitted in writing or verbally and may remain anonymous. An individual may file a complaint of sexual misconduct, without the regard to chain of command with an employee; a supervisor manager, or shift commander; the head of a unit; the Intelligence and Investigative Division (IID); the inmate grievance office. The MDPSCS Inmate Handbook (2007) informs inmates that they should report if they become a victim of sexual misconduct and instructs them that they can tell any correctional officer, case manager, Chaplin, medical practitioner, supervisor or any facility employee.

Facility Directives .124.0000, section .06(B) also indicates that any employee may receive a report of sexual misconduct from many different sources, including outside persons or agencies and that inmates shall also have access to a toll free hotline number which will refer any reports back to the institution for investigation.

(b): Executive Directives OSPS.0510.0030, effective date June 26, 2015, section 5(E) and OSPS.200.0004, effective date November 13, 2015, section 5(E) allows for a complaint to be filed outside of the department with the Office of Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department. Maryland has established a PREA Hotline which is used to report incidents of inmate on inmate or staff on inmate sexual misconduct and harassment, related retaliation or staff neglect. The hotline is monitored through Life Crisis Center Inc., which is a vendor contracted with the MDPSCS.

Procedures were established December 2, 2013 detailing how the hotline will be monitored and ensures that all PREA related calls are documented and information is forwarded to the Internal Investigation Unit. The hotline number and information is posted in both English and Spanish. The facility had "PREA HOTLINE 410-585-3177" posted adjacent to the inmate phones as well as the surrounding walls throughout the center. The auditor did call the number from a resident phone and the number was functioning properly and was answered by the Life Crisis Center. During the interviews with the facility staff, they were knowledgeable of the PREA Hotline and they were aware the information is reported back to the center's head and IID for investigation. They also indicated the information remains confidential and is contained to only the staff necessary to complete an investigation.

(c): MDPSCS Executive Directives OSPS.0510.0030, effective date June 26, 2015, section 5(E) and OSPS.200.0004, effective date November 13, 2015, section 5(E) allows for staff to accept reports in writing, verbally and from third parties and requires that staff shall immediately report the complaint to a supervisor, manager, shift commander or head of a unit followed by submission of the appropriate written format used to document an inmate rule violation. The directive also requires that the information concerning the complaint is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation and resolution of the alleged conduct.

(d): MDPSCS Executive Directives OSPS.0510.0030, effective date June 26, 2015, section 5(F) and OSPS.200.0004, effective date November 13, 2015, section 5(E) indicate staff have an obligation to immediately report the complaint to a supervisor, manager, shift commander or head of the facility. The same directive indicates the complaint filed is confidential and may be filed anonymously as well.

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

All inmates interviewed reported feeling safe from sexual abuse/harassment at Threshold and knew how to report abuse or harassment if needed. Inmates indicated they could report sexual abuse/harassment by calling the PREA hotline that is posted by the telephones, they could tell a staff member, or a family member, and believed they could do so verbally or in writing. Postings were prevalent throughout the center with reporting options, and were also available in the prisoner handbook and are again reiterated within intake processing paperwork. In addition to the posting, the PREA hotline number was posted adjacent to all the inmate phones and was in working order.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents 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 a resident 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

115.252 (c)

- Does the agency ensure that: A resident 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

115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension,

may a resident 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

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third-party files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☐ Yes ☐ No ☒ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident 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*)

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

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

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, 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

115.253 (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 residents 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*)

Maryland DPSCS Executive Directive OSPS.0510.0030, effective date June 26, 2015, section 5-Responsibility/Procedures G(3)(b) states if requested by the victim and the services are reasonably available, have one of the following, for the purpose of support, for the victim through the forensic examination and investigation interviews: a qualified victim advocate; a department employee who is otherwise not involved in the incident and has received education and training concerning sexual assault and forensic examination issues and has been appropriately screened and determined to be competent to serve in this role; a non-department community-based organization representative who meets the criteria for a department employee established under section .05G(3)(b)(ii).

The agency/facility did provide a MCASA flyer / Life Crisis documentation to show how inmates were provided with outside victim advocates, mailing address, phone numbers or contact information for any agency to provide these services. The facility PREA Manager also indicated the facility contracts with Life Crisis Center which is a local organization in Salisbury MD that is included in the statewide coalition MCASA, which provides support services to the entire State of Maryland.

Even though the facility does in fact have an active contract with Life Crisis Center, their facility directive, ECI.124.0000, section .06(B) 5 indicates that if an inmate victim is being sent to the hospital for a forensic exam, the medical provider shall ask the inmate if he wants a victim advocate to accompany him at the hospital during the exam. If so, the hospital is notified to make arrangements for the victim advocate.

(b): The facility did provide the auditors with a flyer as documentation to indicate that confidentiality will be maintained while inmates utilize the outside support victim support services.

(c): The agency and facility provided the auditor with a copy of the current contract with the vendor Life Crisis Center entered into on 12/22/16 by David Wolinski, the agency PREA Coordinator, which extends the original agreement from 2013 for Life Crisis Center to supply victim support services to Threshold. Life Crisis Center is part of the Maryland Coalition Against Sexual Assault (MCASA). MCASA is a federally recognized state sexual assault coalition and its core members are the state's 17 rape crisis and recovery centers. MCASA provides policy advocacy, technical assistance, training outreach and prevention. The agency provided documentation showing an agreement with MCASA to provide support services. However, nothing was published at the facility and no contact information is provided to inmates on how to contact these agencies.

Random interviews of staff and inmates all support the facility did provided contact information for the victim's advocacy group and the department resource was the MCASA /Life Crisis Center.

Residents and staff were aware of outside confidential services available. These available services were posted throughout the center. Threshold offered documentation to show inmates were provided with outside victim advocate resources including mailing addresses and phone numbers to the agencies who provide these services.

Standard 115.254: Third-party reporting

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

115.254 (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 a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

(a): Maryland DPSCS Executive Directives OSPS.0510.0030, effective date June 26, 2015, section 5(E) and OSPS.200.0004, effective date November 13, 2015, section 5(E) state that a complaint may be submitted by a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct. The agency supplied a copy of the webpage from their agency website that had all the necessary PREA information as well as the agency PREA Coordinator contact information for reporting purposes. The auditor personally went to the department's webpage and was able to easily navigate to the necessary information on their website.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (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 residents 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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do 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

115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

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

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a)-(c): Executive Directive OSPS.050.0030 under section .04, subsection 6(a) defines the term employee as to include paid staff, contractors, interns, and volunteers. Section .05, subsection E(5) states filing a complaint stipulates that employees receiving a complaint or otherwise has knowledge of alleged sexual misconduct shall immediately report the complaint to a supervisor or manager, shift commander or head of the unit followed by the appropriate written format used to document misconduct. Section E(6) states that if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander or head of the unit at a facility, other than the facility where the alleged sexual misconduct occurred, the head of the unit responsible for the facility receiving the complaint shall immediately notify the Intelligence and Investigative Division (IID).

Operation Guidelines and Procedures are in place in the event of sexual assault, and states Health Care will ensure that victims of sexual assault receive prompt and appropriate medical intervention.

The guideline goes on to state the facility has written policies and procedures regarding the detection, prevention, reduction, and punishment of rape consistent with federal law; a consent must be obtained for prior victimization/abuse not occurring in an institutional setting or for an occurrence that happened under the age of 18; all reports of sexual abuse/victimization occurring within the institution will be immediately reported to the DOC; Health Care requires that an employee with knowledge of an incident of inmate sexual abuse or sexual harassment shall report that knowledge according to DPSCS procedure.

The Executive Directive does indicate that information concerning a complaint of alleged inmate on inmate sexual conduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigation, and resolution of the alleged inmate on inmate sexual conduct and immediate and continued care of the victim. Threshold does not have in house medical or mental health staff, however Mercy Health Centers medical and mental health staff both indicated that they do in fact go over informed consent with each inmate receiving treatment from either medical or mental health services. They provide the inmate with an informed consent form in which the information if provided and the inmate is requested to sign.

(b): MDPSCS Executive Directive OSPA.050.0030 section E(8) states information concerning a complaint of alleged sexual misconduct is confidential and may only be available to individuals who have an established role in the reporting, processing, investigating, and resolving the alleged sexual misconduct and immediate and continued care of the victim.

(d): Section .05 G(1) requires that IID investigators comply with all state laws when conducting investigations; Maryland Family Law 5-704 requires notification to social services by law enforcement agencies of any abuse or neglect. The law covers all applicable reporting requirements, including the mandatory reporting requirements of the individual is under the age of 18. The facility does not house youthful inmates, therefore the under the age of 18 requirement does not apply.

During an interview with Nicole Halsey, she indicated they do not house inmates under the age of 18, nor would someone who falls in the category of vulnerable adult be eligible to be a resident at Threshold. However, in the event a situation arose that needed reporting they would report this to the appropriate mental health and medical personnel for necessary treatment, as well as complete an investigation of the allegations or ensure the appropriate authorities were made aware.

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

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

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

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Executive Directive – Sexual Misconduct Prohibited OSPS.050.0030 – section B(3) states an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: a medical mental health counseling, change in assignment and staff work assignments and, continued monitoring as deemed appropriate. Section D, (1) thru (4) states a supervisor, manager, or shift commander shall: 1) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: randomly on all shifts, prevention of cross gender viewing, at a frequency established by the managing official. (2) If aware of an act of alleged sexual misconduct, ensure that a complaint is immediately filed according to established procedures for reporting misconduct; (3) If applicable, ensure that appropriately trained employees take action to preserve the scene of and any evidence related to an alleged incident of sexual misconduct; and (4) Ensure the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes: (a) Immediately stopping an incident in progress; (b) If applicable, immediate medical attention; (c) Appropriate action to provide immediate and continued personal protection; (d) Referral for medical and mental health care follow-up; and (e) Non-medical or mental health related counseling and support services.

Executive Directive Inmate on Inmate Sexual Conduct – Prohibited OSPS.200.0004 – Section B(3) The head of a unit, or a designee, is responsible for ensuring that: An individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged inmate on inmate sexual conduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: (a) Provision of available medical or mental health services or counseling; (b) Changes to inmate housing assignments and staff work assignments; and (c) Continued monitoring as deemed appropriate; Section D states a supervisor, manager, or shift commander shall: (1) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate on inmate sexual conduct;

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

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

Executive Directive – Sexual Misconduct Prohibited OSPS.050.0030 – section B(3) states an individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged sexual misconduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: a medical mental health counseling, change in assignment and staff work assignments and, continued monitoring as deemed appropriate. Section D, (1) thru (4) states a supervisor, manager, or shift commander shall: 1) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of sexual misconduct that include conducting and documenting security rounds to identify and deter staff sexual abuse and harassment that are performed: randomly on all shifts, prevention of cross gender viewing, at a frequency established by the managing official. (2) If aware of an act of alleged sexual misconduct, ensure that a complaint is immediately filed according to established procedures for reporting misconduct; (3) If applicable, ensure that appropriately trained employees take action to preserve the scene of and any evidence related to an alleged incident of sexual misconduct; and (4) Ensure the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes: (a) Immediately stopping an incident in progress; (b) If applicable, immediate medical attention; (c) Appropriate action to provide immediate and continued personal protection; (d) Referral for medical and mental health care follow-up; and (e) Non-medical or mental health related counseling and support services.

Executive Directive Inmate on Inmate Sexual Conduct – Prohibited OSPS.200.0004 – Section B(3) The head of a unit, or a designee, is responsible for ensuring that: An individual (staff or inmate) reporting, participating in the investigation or resolution of, or who is a victim of alleged inmate on inmate sexual conduct is monitored for a minimum of 90 days from the date the incident was reported to detect actual, or feared, retaliation and if retaliation is identified or feared take action to stop the actual or feared retaliation that may include: (a) Provision of available medical or mental health services or counseling; (b) Changes to inmate housing assignments and staff work assignments; and (c) Continued monitoring as deemed appropriate; Section D states a supervisor, manager, or shift commander shall: (1) Take reasonable actions to eliminate circumstances that may result in or contribute to an incident of inmate on inmate sexual conduct;

(4) Ensure the safety of a victim of inmate on inmate sexual conduct, through a coordinated response to a complaint of inmate on inmate sexual conduct that includes: (a) Immediately stopping an incident in progress; (b) If applicable, immediate medical attention; (c) Appropriate action to provide immediate and continued personal protection; (d) Referral for medical and mental health care follow up; and (e) Non-medical or mental health related counseling and support services.

Section F states, processing a complaint (3)a(ii) A supervisor, manager, shift commander, or unit head receiving a complaint under §.05E or .05F(2) of this directive shall immediately: (ii) Safeguard the victim from further harm.

Executive Directive Assessment for Risk of Sexual Victimization and Abusiveness OSPS.200.0005 – under inmates protected as a result of screening, Section C (1) a, when making decisions related to housing, bed, work, education, and program assignments with the goal of separating inmates who are determined to be at high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

(b): When making individualized determinations as how to ensure the safety of each inmate. (c) When deciding to assign a transgender or intersex inmate to a facility for male or female inmates and in other housing and programming assignments and, on a case by case basis, determining if the placement or assignment: (i) Ensures the inmate's health and safety; and (ii) Presents management or security problems. (2) Placement and programming assignments for each transgender or intersex inmate shall be re-assessed at least twice each year to review threats to safety experienced by the inmate. (3) A transgender or intersex inmate's own views with respect to personal safety shall be seriously considered. The facility supplied the PREA Intake Screening questions 1-18 as well as the instructions for PREA Intake Screening Instrument.

Interviews with the PREA Manager and Random Staff all indicate that any time a staff member becomes aware that a resident is at risk of imminent sexual abuse they will remove the inmate from the situation and protect them by following all the applicable procedures.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident 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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

(a): Maryland DPSCS Executive Directives OSPS.0510.0030, effective date June 26, 2015, section 5(E)(6) and OSPS.200.0004, effective date November 13, 2015, section 5(E)(6) states, if a complaint of alleged sexual misconduct is received by a supervisor, manager, shift commander, or head of the unit at a facility other than the facility where the alleged sexual misconduct occurred, the head of the unit responsible for the facility receiving the complaint shall immediately notify the Intelligence and Investigative Division (IID) of the complaint. Section (7) states, an IID representative notified under .05E (6) of this directive shall immediately, if the facility where the alleged sexual misconduct occurred is not a Department facility, notify the official responsible for the facility where the alleged misconduct occurred and document the notification.

If the facility where the alleged sexual misconduct occurred is a Department facility, notify the appropriate Department official with responsibility for the facility where the alleged sexual misconduct occurred. The facility directive ECI.124.0000, section .05(A) 6 indicates that the warden/designee is responsible for ensuring that a reported allegation which occurred at another facility is reported to the head or appropriate office of the agency where the alleged abuse occurred and that the notification must occur no later than 72 hours after receiving the allegation and must be documented.

The agency has an updated Executive Directive OPS.050.001 and OPS.200.0005 as evidence that appropriate changes have been made requiring the facility head to make notification to head of the facility where the abuse occurred.

(b): The same section of the directive indicates the notification will be made immediately upon receiving the complaint. Immediately does not indicate it will be done within 72 hours. Immediately would be by definition sooner than 72 hours. By the definition this provision of this standard is met.

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

(d): Executive Directive OSPS.050.0030, section .05G Investigating, Documenting, and Resolving a Complaint states in subsection (1) An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards related to: (a) Collecting and preserving evidence; (b) Interviewing victims and witnesses; (c) Conducting and using polygraph examinations; (d) Identifying suspects; (e) Preserving an individual's personal dignity and legal rights; and (f) Maintaining confidentiality of the investigation.

Reporting from Facility Head to Facility Head are said to be in conjunction with the IID for investigative purposes at this time.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a): Maryland DPSCS Executive Directives OSPS.0510.0030, effective date June 26, 2015, section .05D(4) and OSPS.200.0004, effective date November 13, 2015, section .05D(4) states that a supervisor, manager, or shift commander shall: (4) Ensure the safety of a victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes: (a) Immediately stopping an incident in progress; (b) If applicable, immediate medical attention; (c) Appropriate action to provide immediate and continued personal protection; (d) Referral for medical and mental health care follow-up; and (e) Non-medical or mental health related counseling and support services.

Section (F) 3 states, a supervisor, manager, shift commander, or head of the unit receiving a complaint under §.05E or .05F(2) of this directive shall immediately: (a) If sexual misconduct is actively taking place, dispatch staff: (i) To stop the alleged incident; (ii) Safeguard the victim from further harm; (iii) If applicable arrange for emergency medical services; (iv) Detain the alleged perpetrator; and (v) Preserve evidence and the scene of the alleged incident; (b) If the inmate on inmate sexual conduct is not actively occurring, but the timeframe is such that there may be physical evidence at the scene or available from the victim or alleged perpetrator, dispatch staff to: (i) Preserve evidence at the scene; (ii) Detain the alleged perpetrator and prevent destruction of physical evidence; (iii) Contact the victim and instruct the victim on the need to protect against the destruction of physical evidence; and (iv) Refer the victim for appropriate medical and mental health follow up services. All staff interviewed was able to articulate their responsibilities as they relate to properly managing an incident of sexual abuse as directed by the standard.

(b): The agency has an updated Executive Directive OPS.050.001 and OPS.200.0005 as evidence that shows what first responder duties are which includes non-security staff. The PREA In-Service training module for staff coincides with these updates. The agency also provided the Health Care Procedure in the Event of Sexual Assault. This document outlines the procedure that will be taken by Health Care in the event of treating a victim of sexual assault. Even though the standard does not require a policy be developed, all staff interviewed showed proficiency of this standard as demonstrated through their answers to the questions of being a first responder. All were able to articulate what they would do as a first responder and followed the requirements of the standard.

Directives did contain verbiage related to all Staff First Responder duties. The agency did provide documentation in reference to a non-security staff member and their responsibilities if they were to be the first responder.

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

The agency provided Executive Directive – Sexual Misconduct – Prohibited OSPS.050.0030 and, Executive Directive - Inmate on Inmate Sexual Conduct – Prohibited OSPS.200.0004. Both explain the process of processing a complaint, investigating a complaint, providing medical and mental health care as well as what facility and agency leadership’s roles are in the process. These procedures are an institutional plan that supports compliance with this standard.

The PREA Manager stated during an interview that staff are trained on how to initially respond to incidents of sexual abuse/harassment and will take appropriate actions. She also indicated that staff has been issued PREA booklets that they can carry and are part of their uniform inspection.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (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*)

The Agency provided AFSCME Teamsters MOU Unit H Page 3, Article 3 - Management Rights which shows confirmation of management rights within the labor agreement and stipulates that the Employer possesses all other power, duty and right to operate and manage its departments, agencies and programs and carry out constitutional, statutory and administrative policy mandates and goals. Also submitted was Maryland State Personnel and Pension 3-302 Management Rights - stipulating management's rights as provided by law. 1 through 8 of this document specifically states that the Agency has the ability to manage their staff in the event that an issue were to occur related to many different issues, of which (3) states, hire, direct, supervise, and assign employees, and (4) states, promote, demote, discipline, discharge, retain, and lay off employees.

During the interview with Martha Danner, Special Assistant to Deputy Secretary, John Michael Zeigler, she indicated the current agreements are active and also indicated management can re-assign staff at any time, or place the staff member on leave pending investigation. This is outlined in Maryland law (COMAR: Code of Maryland). Nothing in either of the provided documents conflict with standards 115.72 or 115.76.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 resident 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 resident 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 resident 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

115.267 (d)

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

115.267 (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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

(a): IIU.110.0011 Investigating Sex Related Offenses page 2 under Definitions, (6) Retaliation - defines what retaliation means and also offers other scenarios that could be perceived as retaliation. Executive Directive – Sexual Misconduct- Prohibited OSPA.050.0030 page 3, (9) under .04 Definitions also defines what retaliation is and offers other scenarios that could be perceived as retaliation. Executive Directive – Sexual Misconduct- Prohibited OSPA.050.0030 page 6 helps support sections A, C and E of this standard. All of the above referenced directives indicate that it is either the agency head or the investigator to ensure that retaliation does not take place and is monitored.

(b): Executive Directive IIU.110.0011 Investigating Sex Related Offenses, section .05H(1)(c) and .05H(5)(g) specifically prohibits retaliation against victims or other individuals related to an incident of sexual abuse after determining if an individual has been the target of retaliation.

(c)(e): Executive Directive – Sexual Misconduct- Prohibited OSPA.050.0030 section .05B(3)(a-b) indicates that an individual, staff or inmate, reporting, participating in the investigation or resolution of, or who is the victim of alleged sexual misconduct is monitored for 90 days against retaliation and if retaliation is detected will take action which may include, application of available medical or mental health services or counseling; changes to inmate housing assignments and staff work assignments; and continued monitoring as deemed appropriate. Both the agency head and facility head during their respective interviews indicated that they would reassign, transfer or move the individual and start an investigation.

(d): Executive Directive – Sexual Misconduct- Prohibited OSPA.050.0030 section .05B(3)(c) does address continued monitoring as deemed appropriate.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (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 115.221(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 115.221(a).]
☒ Yes ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (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

115.271 (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

115.271 (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 resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (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

115.271 (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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (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 115.221(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.

(a): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, specifically states this directive applies to personnel assigned to conduct an investigation of an allegation of misconduct that involves a sex related offense. Section .03(A) states, in part, the Department shall promptly, thoroughly and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense.

Agency OPS.050.0001, Sexual Misconduct-Prohibited, section (G)(1) states “An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards,” with regard to investigations of sexual abuse and sexual harassment.

Interviews were conducted with two detectives from the Maryland DPSCS, Intelligence and Investigative Division (IID). During the interview process it was determined that emergent abuse issues are addressed immediately. The detectives reported that allegations involving the collection of forensic evidence require the detectives to respond immediately to either the facility or the hospital where the resident is located. In these circumstances the investigation starts immediately. Detectives indicated that in instances where the sexual abuse or sexual harassment allegation does not include the collection of forensic evidence; the investigation would not be delayed more than a couple of days.

During the on-site review it was determined that Threshold, Inc. reported one allegation of sexual abuse/harassment in the past twelve months. This investigation report was obtained and reviewed for audit purposes. During the review of the investigative report it was noted that the inmate submitted the allegation on August 17, 2017. The allegation appears to have been received by IID on August 20, 2017. The investigation commenced on August 17, 2017. It was noted that the allegation was made following the resident’s return to custody after having walked off/escaped from Threshold, Inc. on August 3, 2017.

Based on the above, the facility has demonstrated compliance with Provision 115.271(a).

(b): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, section .03(B) specifically states Department personnel assigned to conduct an investigation of alleged employee or inmate misconduct involving a sex related offense shall be trained in techniques related to conducting investigations of sex related offenses in the correctional setting.

Allegations of sexual abuse and sexual harassment, criminal and administrative, are conducted by the Intelligence and Investigative Division (IID). The IID is quite large and has many detectives stationed throughout the state. The Code of Maryland Regulations (COMAR) 12.11.01 requires investigators assigned to the Maryland DPSCS, Intelligence and Investigative Unit (IIU) to be certified as a police officer in accordance with COMAR 12.04.01. Likewise, when performing duties associated with the IIU, the investigator may exercise the authority of a police officer. This includes an alleged violation of criminal law committed by an inmate, a visitor, a nonagency employee, or another individual that may affect the safety or security of a Department facility.

The agency provided the training module required of all IID detectives before conducting sexual abuse and sexual harassment investigations, which is specialized. However, at times PREA allegations received at the IID unit are referred back to the facility.

The investigators interviewed stated the specialized training included a variety of topics including techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, witness and offender interviews, and referrals for prosecution. A printout titled "*PREA: Specialized Training for Investigators*" was obtained during the post audit phase. This document indicates all of the IID investigative detectives who have completed the required investigative training regarding allegations of sexual abuse and sexual harassment.

Threshold, Inc. reported one allegation of sexual abuse/harassment in the past twelve months. This allegation was received at Maryland Reception, Diagnostic & Classification Center (MRDCC) upon recapture. Threshold, Inc. does not have any staff trained to conduct investigations into sexual abuse/harassment; therefore, this allegation was investigated by an IID unit trained investigator. The training records obtained during the post audit phase indicate that the IID investigator who conducted this investigation has completed seven hours of "*PREA: Specialized Training for Investigators*."

Based on the above, the facility has demonstrated compliance with Provision 115.271(b).

(c): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, section (D)(6)(c) requires the investigator to "collect and preserve evidence." Section (D)(2) references the recovery of physical evidence from the victim and indicates that a forensic medical examination via a SAFE, SANE, or licensed health care professional. Section (G) addresses interviewing the victim.

Executive Directive OPS.050.0001, Sexual Misconduct-Prohibited, section (G) states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation..." In accordance with section (G) investigators are to collect and preserve evidence, interview victims, witnesses, and suspected perpetrators, conduct and use of polygraph examinations, identifying suspects, preserving an individual's personal dignity, legal rights, and maintaining confidentiality.

Executive Directive, OPS.200.0005, Inmate on Inmate Sexual Conduct-Prohibited, section (G) states, "An IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation..." In accordance with section (G) investigators are to collect and preserve evidence, interview victims, witnesses, and suspected perpetrators, conduct and use of polygraph examinations, identifying suspects, preserving an individual's personal dignity, legal rights, and maintaining confidentiality.

During interviews with investigators who conduct sexual abuse and sexual harassment investigations; investigators reported that direct and circumstantial evidence is collected. Investigators reported that interviews of the victim, witnesses, and possible suspects are conducted. Additionally, investigators would also collect additional evidence including but not limited to video, photographs, written statements, medical and mental health records, log books, and relevant infractions or tickets. and any other documentation or records related to the case. Any SAFE kit results received from the Maryland Crime Lab would also be gathered.

A review of the investigative report demonstrated the processes outlined in agency policy noted above. Interviews with agency investigators demonstrated knowledge of the requirements of the provision. Based on the above, the facility has demonstrated compliance with Provision 115.271(c).

(d): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, section (H)(6) requires the investigator to work with the prosecutor to develop a case for criminal prosecution.

During interviews neither investigator indicated that they would conduct compelled interviews. Investigation staff indicated that whenever a complaint contains potentially criminal allegations, Miranda and Garrity are implemented appropriately in order to ensure the information gathered during the investigation does not jeopardize a criminal investigation.

Investigation documentation collected during the on-site review did not indicate that compelled interviews were conducted. There is no evidence to suggest that compelled interviews are conducted.

Based on the above, the facility has demonstrated compliance with Provision 115.271(d).

(e): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, section (E)(1) states, "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. Section (E)(2) states, "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." Executive Directive, OPS.050.0001, Sexual Misconduct-Prohibited, section (G)(6) states, "A victim of alleged sexual misconduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with an investigation of alleged sexual misconduct. Executive Directive, OPS.200.0005, Inmate on Inmate Sexual Conduct-Prohibited, section (G) states, "A victim of alleged inmate on inmate sexual conduct may not be compelled to submit to a polygraph or other truth-telling examination as a condition for proceeding with any investigation of alleged inmate on inmate sexual conduct."

During interviews investigators indicated that the credibility of victims, suspects, and witnesses is based on the evidence obtained during the investigation pertaining to that individual. Investigators also indicated that under no circumstances would an inmate who alleged sexual abuse be required to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

Based on the above, the facility has demonstrated compliance with Provision 115.271(e).

(f) Maryland DPSCS Executive Directive IIIU.110.0011, Investigating Sex Related Offenses, effective section (D)(6)(b) requires investigators to "Determine if employee action or lack of action contributed to the occurrence," of sexual abuse or sexual harassment. Section (D)(7) requires investigators to document the investigation in a comprehensive investigative report. This includes a thorough description of the physical, testimonial, and documentary evidence; explains the reasoning behind credibility assessments and includes facts and findings.

During interviews investigators reported that all aspects of an allegation are documented during an investigation. This includes whether or not staff actions or inactions were the possible cause of an incident. The reports reviewed during the audit include complete descriptions of any physical evidence (when applicable) as well as testimonial evidence relied upon when making a final determination as to the merits of the investigation.

Threshold, Inc. reported one allegation of sexual abuse/harassment during the past 12 months. This investigation was ultimately determined to be unfounded due to the alleged aggressor not working on the day of the alleged abuse. However, the contents of the investigation follow the directives contained in agency policy and corroborates the information gleaned from investigator interviews.

Based on the above, the facility has demonstrated compliance with Provision 115.271(f).

(g): The Maryland DPSCS conducts both administrative and criminal investigations. The Code of Maryland Regulations (COMAR) 12.11.01 requires investigators assigned to the Maryland DPSCS, Intelligence and Investigative Unit (IIU) to be certified as a police officer in accordance with COMAR 12.04.01. Likewise, when performing duties associated with the IIU, the investigator may exercise the authority of a police officer. This includes an alleged violation of criminal law committed by an inmate, a visitor, a nonagency employee, or another individual that may affect the safety or security of a Department facility. Therefore, the requirements outlined above in section (f) of this standard apply here as well.

Based on the above, the facility has demonstrated compliance with Provision 115.271(g).

(h): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, effective section (H)(6) states, "If appropriate, work with the prosecutor to develop the case for criminal prosecution." Executive Directive, OPS.050.0001, Sexual Misconduct-Prohibited, section (G)(4)(d) states, "If the incident possibly involves criminal activity, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incidence occurred." Executive Directive, OPS.200.0005, Inmate on Inmate Sexual Conduct-Prohibited, section (G)(4)(d) states, "If the incident possibly involves criminal activity, refer the case to the appropriate office responsible for prosecuting criminal violations in the jurisdiction where the incidence occurred."

During interviews investigators indicated that investigations containing sufficient evidence to merit prosecution are referred to the prosecuting attorney's office for prosecution. One investigator stated, "When the evidence proves beyond a reasonable doubt that a crime occurred it is referred for prosecution." The other investigator stated, "When there is credible supporting evidence the crime did occur it is presented to the Attorney General's Office for review and further indictment to the Grand Jury."

Threshold, Inc. reported one allegation of sexual abuse/harassment during the past 12 months. This investigation was ultimately determined to be unfounded due to the alleged aggressor not working on the day of the alleged abuse. Therefore, there is no investigatory documentation to rely on with regard to referrals for prosecution.

Based on the above, the facility has demonstrated compliance with Provision 115.271(h).

(i): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, effective section (D)(7)(e) states, "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 of the inmate is under the authority of the Department plus five years."

Executive Directive, OPS.050.0001, Sexual Misconduct-Prohibited, section (G)(4)(e) "File and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee." Additionally, Executive Directive, OPS.200.0005, Inmate on Inmate Sexual Conduct-Prohibited, section (G)(4)(e) "File and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee."

There is also a memorandum dated, July 9, 2014, that establishes a retention schedule that is in compliance with Provision 115.271(i). This memorandum ensures provides guidance to ensure that all investigative reports are retained electronically for as long as the employee is employed by the department or the inmate is under the authority of the Department plus five years. According to the memo all investigation are to be retained in an electronic file within the Maryland DPSCS server.

Based on the above, the facility has demonstrated compliance with Provision 115.271(i).

(j): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, effective section (F) states, "An investigation under this directive may not be terminated based on victim or suspect departure employment or custody"

Executive Directive, OPS.050.0001, Sexual Misconduct-Prohibited, section (G)(5) states, "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." Executive Directive, OPS.200.0005, Inmate on Inmate Sexual Conduct-Prohibited, section (5) states, "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."

Threshold, Inc. reported one allegation of sexual abuse/harassment during the past 12 months. It should be noted that this investigation was initiated and completed while the inmate victim was located at another facility within the agency. Therefore, the departure of the alleged victim from the facility did not impact the completion of the investigation.

During interviews one investigator indicated that regardless of employment status investigations referencing staff will be completed. Another investigator stated, "It doesn't matter if they resign prior to the end of the investigation, it will be completed." Likewise, both investigators indicated that investigations would be processed through to completion in the event that the alleged victim or alleged abuser leaves the facility.

Based on the above, the facility has demonstrated compliance with Provision 115.271(j).

(k): No outside agencies conduct investigations on behalf of the agency. Therefore, this portion of the standard is not applicable. All investigations are handled by the Maryland DPSCS, Intelligence and Investigative Division who has the authority to launch criminal investigation up to and including referral for prosecution. Therefore, this facility has addressed the requirements as outlined in this report.

Based on the above, the facility has demonstrated compliance with Provision 115.271(k).

(l): No outside agencies conduct investigations on behalf of the agency. Therefore, this portion of the standard is not applicable. All investigations are handled by the Maryland DPSCS, Intelligence and Investigative Division.

Based on the above, the facility has demonstrated compliance with Provision 115.271(l).

Corrective Action Plan:

None required.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (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*)

Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, Section (H)(2)(a)-(c) states, in part, "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: (a) Substantiated meaning an allegation that was investigated and determined to have occurred; (b) 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 (c) Unfounded meaning an allegation was investigated and determined to not have occurred."

Title 12 Department of Public Safety and Correctional Services, subtitle 11 Office of the Secretary, states under Decisions and Orders that the presiding officer shall use a preponderance of evidence as the standard of proof, unless the standard of clear and convincing evidence is required by regulation or statute. Although the agency conducts primarily criminal investigations into allegations of sexual abuse, it has demonstrated through employee interviews, provided investigative reports, and within agency policy that it utilizes the standard of preponderance of the evidence in making determinations about investigative outcomes.

During interviews investigative staff stated, "the preponderance of evidence" is the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment. Investigators also indicated that this is covered in the investigator training.

Threshold, Inc. reported one allegation of sexual abuse/harassment during the past 12 months. A review of this investigation indicates that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This investigation was determined to be unfounded as the alleged victim provided erroneous dates and times regarding when the abuse had taken place. There were no other allegations or investigations to review.

Based on the above, the facility has demonstrated compliance with Provision 115.272(a).

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, 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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

(a): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, specifically states, "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, unsubstantiated, or unfounded." OPS.050.0001 Sexual Misconduct, Section (H)(1) states, "When notified by an investigator under §.05G(4)(c) of this directive, if the allegation was sexual abuse, the head of the unit responsible for the victim inmate shall ensure that the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded." OPS.200.0005 Inmate Sexual Misconduct, Section (H)(1) states, "(1)When notified by an investigator under §.05G(4)(c) of this directive, if the allegation of inmate on inmate sexual conduct included sexual abuse, the head of the unit responsible for the victim inmate shall ensure that the victim inmate is notified of the investigator's determination that the allegation was substantiated, unsubstantiated, or unfounded."

Threshold, Inc. reported one allegation of sexual abuse/harassment during the past 12 months. The investigation was ultimately determined to be unfounded. Investigation documents indicate that the inmate was notified of the investigation findings by the investigator on November 21, 2017. This notification was made while the inmate was located at a facility other than Threshold, Inc.

Interviews provided some insight into inmate notification requirements. Staff interviews indicate that inmates are notified of the result of an investigation. Interviews with staff who conduct investigations indicated that agency procedures require that an inmate who makes an allegation of sexual abuse be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded following an investigation. None of the inmates interviewed indicated that they had reported an incident of sexual abuse.

Based on the above, the facility has demonstrated compliance with Provision 115.273(a).

(b): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, establishes policies and procedures for investigators conducting an investigation of an allegation of misconduct that involves a sex related offense. Per policy, the Maryland DPSCS is responsible for conducting administrative and criminal investigations of inmate sexual abuse.

Threshold, Inc. reported one allegation of sexual abuse/harassment during the past 12 months. The investigation was conducted by Maryland DPSCS trained investigators. The investigation documentation was provided by Threshold, Inc. administration during the post audit phase. Investigation documents indicate that the inmate was notified of the investigation findings by the investigator on November 21, 2017. This notification was made while the inmate was located at a facility other than Threshold, Inc.

Threshold, Inc. has demonstrated that inmates are notified of the investigation result following the investigation of sexual abuse. Notification is provided by the Maryland DPSCS. Investigator interviews indicate indicated that an inmate who makes an allegation of sexual abuse are to be informed as to whether the allegation has been substantiated, unsubstantiated, or unfounded following an investigation.

Based on the above, the facility has demonstrated compliance with Provision 115.273(b).

(c): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, section (H)(5)(c) states, "If the incident involved an employee committing a sex related offense on an inmate and the incident was substantiated or unsubstantiated arrange for the inmate to be advised of the following conditions involving the employee: (i) The employee is not assigned to the inmate's housing unit; (ii) The employee is no longer employed at the inmate's facility; (iii) If known, that the employee was indicted on a charged with a sex related offense occurring at the facility; iv If known, that the employee was convicted of a charge related to a sex related offense occurring at the facility;" regarding staff on inmate sex related offenses.

Additionally, OPS.050.0001, Sexual Misconduct, Section (H)(2) states, "Except when an allegation of sexual abuse is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the inmate is under the authority of the Department, ensure that the inmate is notified of that (a) The employee is no longer assigned to the inmate's housing unit;(b) The employee is no longer assigned at the inmate's facility; (c) If aware, the employee is criminally charged for an offense related to the sexual abuse that occurred within the facility; and (d) If aware, the employee is convicted on a charge related to the sexual abuse that occurred within the facility."

Threshold, Inc. reported one allegation of sexual abuse/harassment during the past 12 months. The investigation was conducted by Maryland DPSCS trained investigators. The investigation documentation was provided by Threshold, Inc. administration during the post audit phase. The investigation was ultimately determined to be unfounded. Threshold, Inc. reported no other sexual abuse investigations during the past twelve months. None of the inmates interviewed during the on-site audit reported an allegation of sexual abuse.

Based on the above, the facility has demonstrated compliance with Provision 115.273(c).

(d): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, section (H)(5)(d) states, "If the incident involved an inmate committing a sex related offense on another inmate arrange for the victim inmate to be advised of the following conditions involving the perpetrator:

(i) If known, that the perpetrator was indicted on a charge related to a sex related offense occurring at the facility; and (ii) If known, that the perpetrator was convicted of a charge related to a sex related offense occurring at the facility;" regarding inmate on inmate sex related offenses.

Additionally, OPS.200.0005, Inmate Sexual Misconduct, Section (H)(2) states "(2) Except when an allegation of inmate on inmate sexual conduct is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the victim inmate is under the authority of the Department, ensure that the victim inmate is notified of the following situations concerning the inmate who sexually abused or is alleged to have sexually abused the victim inmate: (a) If aware, the accused inmate is in any way charged with a crime related to the sexual abuse that occurred within the facility; and (b) If aware, the accused inmate is convicted on a charge related to the sexual abuse that occurred within the facility."

Threshold, Inc. reported one allegation of sexual abuse/harassment during the past 12 months. Per the investigation documentation this was a staff on inmate allegation. The investigation was ultimately determined to be unfounded. This was the only allegation of sexual abuse/harassment reported in the past 12 months. Thus, there were no instances of (c) and (d) occurring within the last 12 months requiring notification under this provision.

Based on the above, the facility has demonstrated compliance with Provision 115.273(d).

(e): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, section (H)(3) states, "The investigator shall document victim notification under §.05H(2) of this directive in the investigative report recording: (a) The name of the individual who notified the victim; (b) The date, time, and location that the victim was notified; and (c) How the victim was notified."

OPS.050.0001, Sexual Misconduct, Section (H)(3) states, "A record of a notification made under §§.05H(1) and (2) of this directive shall be maintained in the victim inmate's base file and include the following information: (a) Case number; (b) Content of the notification; (c) Date of the notification; (d) Location where the notification was made; (e) Printed name and signature of the employee making the notification; and (f) The inmate's signature acknowledging notification or, if the inmate refuses to sign for the notification, "Refused to Sign" and the employee's signature.

Additionally, OPS.200.0005, Inmate Sexual Misconduct, Section (H)(3) states. "A record of a notification made under §§.05H(1) and (2) of this directive shall be maintained in the victim inmate's base file and include the following information: (a) Case number; (b) Content of the notification; (c) Date of the notification; (d) Location where the notification was made; (e) Printed name and signature of the employee making the notification; and (f) The inmate's signature acknowledging notification or, if the inmate refuses to sign for the notification, "Refused to Sign" and the employee's signature.

Threshold, Inc. reported one allegation of sexual abuse/harassment during the past 12 months. The investigation documentation was provided by Threshold, Inc. administration during the post audit phase. Documentation indicate that the inmate was notified of the investigation findings by the investigator on November 21, 2017. Notification was made while the resident was located at a facility other than Threshold, Inc. None of the other residents interviewed during the on-site audit reported an allegation of sexual abuse.

Based on the above, the facility has demonstrated compliance with Provision 115.273(e).

(f): Maryland DPSCS Executive Directive IIU.110.0011, Investigating Sex Related Offenses, section (5)(f) states, "The victim reporting requirements under §§.05H(5)(c) and (d) of this directive shall terminate at the time the victim inmate is released from Department custody." This directive specifically states the victim reporting requirements under this directive shall terminate at the time the victim is released from Department custody.

Based on the above, the facility has demonstrated compliance with Provision 115.273(f).

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (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

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a): Agency and facility policy address disciplinary sanctions for staff who violate agency sexual abuse and sexual harassment policy. Pursuant to OSPS.050.0001, Sexual Misconduct-Prohibited, section (I)(1) states, "An employee is subject to disciplinary action, up to and including termination of employment," and Section (I)(2) states, "An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department." This policy encompasses sexual abuse, sexual favor, sexual harassment, sexual misconduct, and voyeurism. Likewise, Threshold, Inc. Unit Directive 218 (B)(1) states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies."

Threshold, Inc. reported one allegation of sexual abuse or harassment during the past 12 months. Per the investigation documentation this was a staff on inmate allegation. The investigation was ultimately determined to be unfounded. Thus, there were no instances within the last 12 months requiring disciplinary sanctions against staff for violating agency or facility sexual abuse or sexual harassment policies.

Based on the above, the facility has demonstrated compliance with Provision 115.276(a).

(b): Agency policy OPS.050.0001, Sexual Misconduct-Prohibited, section (I)(1) states, "An employee is subject to disciplinary action, up to and including termination of employment," and Section (I)(2) states, "An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department." It should be noted that this policy is inclusive of violations of sexual abuse, sexual favor, sexual harassment, sexual misconduct, and voyeurism.

The facility also provided Standards of Conduct & Internal Administrative Disciplinary Process (Standards of Conduct) as supporting documentation. Standards of Conduct indicate, Third Category Infractions are the most serious and include, unprofessional personal relationship or contacts with inmate, offender or client and shall result in termination from State service.

In the past 12 months, the Threshold, Inc. reported that zero staff have violated agency sexual abuse or sexual harassment policy. Likewise, there have been zero staff who terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Threshold, Inc. reported one allegation of staff on inmate sexual abuse or harassment during the past 12 months. The investigation was ultimately determined to be unfounded. Thus, there were no instances within the last 12 months requiring disciplinary sanctions against staff for violating agency or facility sexual abuse or sexual harassment policies.

Agency and facility policy are inclusive of termination for acts that would be a violation of this provision. Likewise, the Standards of Conduct state, “unprofessional personal relationship or contacts with inmate, offender or client” shall result in termination. Therefore, based on the above, the facility has demonstrated compliance with Provision 115.276(b).

(c): Agency policy addresses disciplinary sanctions for staff who violate agency sexual abuse and sexual harassment policy. Pursuant to OPS.050.0001, Sexual Misconduct-Prohibited, section (I)(1) states, “An employee is subject to disciplinary action, up to and including termination of employment,” and Section (I)(2) states, “An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department.” This policy encompasses sexual abuse, sexual favor, sexual harassment, sexual misconduct, and voyeurism. Likewise, Threshold, Inc. facility policy Unit Directive 218 (B)(1) states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”

In the past 12 months, the Threshold, Inc. reported that zero staff have violated agency sexual abuse or sexual harassment policy. Likewise, there have been zero staff who were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Threshold, Inc. reported one allegation of staff on inmate sexual abuse or harassment during the past 12 months. The investigation was ultimately determined to be unfounded. Thus, there were no instances within the last 12 months requiring disciplinary sanctions against staff for violating agency or facility sexual abuse or sexual harassment policies.

Though neither the agency nor facility policy specifically state that discipline 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.” These policies adhere to the overall intent of the standard in the way the agency enforces rules and regulations and administers discipline. The policies are inclusive of sexual abuse, sexual favor, sexual harassment, sexual misconduct, and voyeurism. Thus, the language is intended to cover the “nature and circumstances” of the violation. Likewise, the Standards of Conduct state, “unprofessional personal relationship or contacts with inmate, offender or client” shall result in termination.” Therefore, based on the above, the facility has demonstrated compliance with Provision 115.276(c).

(d): Both agency and facility policy address reporting terminations for violations of agency or facility sexual abuse or sexual harassment policies. Agency policy OPS.050.0001, Sexual Misconduct-Prohibited, section (I)(2) states, “An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department; (b) Criminal prosecution; and (c) If applicable, notification of a relevant licensing authority.” Likewise, Threshold, Inc. policy Unit Directive 218 (B)(1) states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”

Furthermore, the Code of Maryland Regulations (COMAR) 12.11.01 requires investigators assigned to the Maryland DPSCS, Intelligence and Investigative Unit (IIU) to be certified as a police officer in accordance with COMAR 12.04.01. Likewise, when performing duties associated with the IIU, the investigator may exercise the authority of a police officer under in accordance with the Annotated Code of Maryland. This includes an alleged violation of criminal law committed by an inmate, a visitor, a non-agency employee, or another individual that may affect the safety or security of a Department facility.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Given that an allegation is referred to an IIU investigator, allegations are reported to law enforcement agencies in accordance with provision 115.276(d).

In the past 12 months, the Threshold, Inc. reported that zero staff have violated agency sexual abuse or sexual harassment policy and there have been zero staff who were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Threshold, Inc. reported one allegation of staff on inmate sexual abuse or harassment during the past 12 months. The investigation was ultimately determined to be unfounded. Thus, there were no instances within the last 12 months requiring disciplinary sanctions against staff for violating agency or facility sexual abuse or sexual harassment policies.

Based on the above, the facility has demonstrated compliance with Provision 115.276(c).

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ 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

115.277 (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 residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a): Maryland DPSCS Executive Directive OPS.050.0001, Sexual Misconduct-Prohibited, defines an employee as an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification. This includes contractors, interns, volunteers, and employees of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, and Baltimore City Public Schools.

Section .05(I)(2) states, “An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department.” Likewise, Section (I)(3) states, “A contractor determined to have committed sexual misconduct is: (a) Considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency; (b) Subject to sanctions according to provisions of the contract or agreement; (c) Is subject to criminal prosecution; and (d) If applicable, notification of a relevant licensing authority.”

Threshold, Inc. facility policy, Unit Directive 218 (B) states, “4. Any contractor or volunteer who engages in sexual abuse shall be barred from the facility and shall be reported to law enforcement agencies and to relevant licensing bodies. 5. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.”

In the past 12 months, the Threshold, Inc. reported that zero contractors have violated agency sexual abuse or sexual harassment policy. Likewise, there have been zero contractors who were reported to law enforcement agencies and relevant licensing bodies for violating agency sexual abuse or sexual harassment policies. Additionally, Threshold, Inc. reported zero allegations of contractor on inmate sexual abuse or harassment during the past 12 months. Thus, there were no instances within the last 12 months requiring prohibited contact.

Based on the above, the facility has demonstrated compliance with Provision 115.277(a).

(b): Maryland DPSCS Executive Directive OPS.050.0001, Sexual Misconduct-Prohibited, section .04(b)(6) defines an employee as an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title or classification. This includes contractors, interns, volunteers, and employees of the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation, and Baltimore City Public Schools.

OPS.050.0001, Section (I)(2) states, “An employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: (a) A penalty under the Standards of Conduct, up to and including termination of employment with the Department.” Likewise, Section (I)(3) states, “A contractor determined to have committed sexual misconduct is: (a) Considered to be in violation of terms or conditions of a contract or other agreement establishing the relationship between the contractor and the Department or agency; (b) Subject to sanctions according to provisions of the contract or agreement; (c) Is subject to criminal prosecution; and (d) If applicable, notification of a relevant licensing authority.”

Threshold, Inc. facility policy, Unit Directive 218 (B) states, “4. Any contractor or volunteer who engages in sexual abuse shall be barred from the facility and shall be reported to law enforcement agencies and to relevant licensing bodies. 5. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.”

In the past 12 months, the Threshold, Inc. reported that zero volunteers have violated agency sexual abuse or sexual harassment policy. Likewise, there have been zero volunteers who were reported to law enforcement agencies and relevant licensing bodies for violating agency sexual abuse or sexual harassment policies. Additionally, Threshold, Inc. reported zero allegations of volunteer on inmate sexual abuse or harassment during the past 12 months. Thus, there were no instances within the last 12 months requiring prohibited contact.

The Code of Maryland Regulations (COMAR) 12.11.01 requires investigators assigned to the Maryland DPSCS, Intelligence and Investigative Unit (IIU) to be certified as a police officer in accordance with COMAR 12.04.01. Likewise, when performing duties associated with the IIU, the investigator may exercise the authority of a police officer under in accordance with the Annotated Code of Maryland. This includes an alleged violation of criminal law committed by an inmate, a visitor, a non-agency employee, or another individual that may affect the safety or security of a Department facility. Given that an allegation is referred to an IIU investigator, allegations are reported to law enforcement agencies in accordance with provision 115.277(b).

Based on the above, the facility has demonstrated compliance with Provision 115.277(b).

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (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 resident to participate in such interventions as a condition of access to programming and other benefits? ☐ Yes ☒ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (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

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

(a): Both the agency and facility have policies in place that establish a formal disciplinary process following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. The Code of Maryland Regulations (COMAR) 12.02.27 establishes a formal disciplinary process for administrative or criminal findings of resident-on-resident sexual abuse. Executive Directive OSPS.200.0005, Inmate on Inmate Sexual Conduct-Prohibited, section I(2) states, "An inmate: (a) Determined to have committed sexual conduct is subject to: (i) A penalty established under Inmate Disciplinary Process; and (ii) If applicable, criminal prosecution."

Threshold, Inc. facility policy, Unit Directive 218 (A)(4) states, “Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.”

In the past 12 months, Threshold, Inc. reported no allegations of resident-on-resident sexual abuse. Threshold, Inc. reported that zero administrative findings of resident-on-resident sexual abuse. Likewise, there were zero criminal findings of guilt for resident-on-resident sexual abuse. Thus, there are no disciplinary records to rely upon when evaluating this provision. However, the agency does have policies in place to ensure residents are subject to a formal disciplinary process following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. Based on the above, the facility has demonstrated compliance with Provision 115.278(a).

(b): The Code of Maryland Regulations (COMAR) 12.02.27 establishes a formal disciplinary process for administrative or criminal findings of resident-on-resident sexual abuse. Section .35 contains the “Adjustment History Sentencing Matrix” which categorizes the penalty after the administrative hearing process. Section .35(G) states, “Severity of Sanction. The severity of a sanction plotted in a sanction cell is determined by: (1) The category of a defendant inmate’s rule violation; and (2) The adjustment history of the defendant inmate.” Additionally, depending on the combination or adjustment history, and rule violation sanctions can be optional or mandatory. Therefore, sanctions are commensurate with the nature and circumstances in that consideration is given to the type of violation and adjustment history. It should be noted that according to COMAR 12.02.27 a variety of sanctions could be levied.

In the past 12 months, Threshold, Inc. reported no allegations of resident-on-resident sexual abuse. Threshold, Inc. reported that zero administrative findings of resident-on-resident sexual abuse. Likewise, there were zero criminal findings of guilt for resident-on-resident sexual abuse. Thus, there are no disciplinary records to rely upon when evaluating this provision. However, the agency does have policies in place to ensure sanctions are commensurate with the nature and circumstances of the abuse committed, disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Based on the above, the facility has demonstrated compliance with Provision 115.278(b).

(c): The Code of Maryland Regulations (COMAR) 12.02.27 establishes a formal disciplinary process for administrative or criminal findings of resident-on-resident sexual abuse. Section .18(B) (6) states, “If the hearing officer, at a hearing, finds the inmate guilty of the rule violation charged, the hearing officer may consider the inmate’s competency at the time of the rule violation as a mitigating circumstance when determining the sanction.”

In the past 12 months, Threshold, Inc. reported no allegations of resident-on-resident sexual abuse. Threshold, Inc. reported that zero administrative findings of resident-on-resident sexual abuse. Likewise, there were zero criminal findings of guilt for resident-on-resident sexual abuse. Thus, there are no disciplinary records to rely upon when evaluating this provision. However, a mechanism is in place to ensure consideration for a resident’s mental disabilities in accordance with this provision. Based on the above, the facility has demonstrated compliance with Provision 115.278(c).

(d): Regarding resident abusers Maryland DPSCS Executive Directive 110.12.3, Transportation of Threshold Inmates (PREA Incidents), section .05(A)(1) states, “An administrative transfer of an alleged PREA incident assailant shall occur if the reporting victim-inmate is also a current Threshold resident; in any case if the incident is reported to have occurred on Threshold premises; or if the reporting victim-inmate is presently incarcerated.”

Likewise, Threshold, Inc. facility policy, Unit Directive 209 (A)(3) states, "An administrative transfer of an alleged PREA incident assailant shall occur if the reporting victim-offender is also a current Threshold resident, or in any case if the incident is reported to have occurred on Threshold premises, or if the reporting victim-offender is presently incarcerated." Threshold, Inc. does not have medical and mental health staff on-site. Therefore, interviews with medical and mental health staff were not conducted.

Per policy, residents are transported off-site for these needs. Per policy, the offending resident is removed from Threshold, Inc. and returned to the Maryland Reception Diagnostic and Classification Center (MRDCC). Therefore, Threshold, Inc. would not provide this type of programming as the offending resident would be transferred out of the Threshold, Inc. program to MRDCC.

Based on the above, the facility has demonstrated compliance with Provision 115.278(d).

(e): Maryland DPSCS Executive Directive OSPS.200.0005, Section (I)(2)(c) states inmates, "May be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct." In the past 12 months, Threshold, Inc. reported zero allegations or incidents of resident-on-staff sexual abuse. Thus, there are no disciplinary records to rely upon when evaluating this provision. However, a mechanism is in place to ensure residents may be disciplined upon finding that staff did not consent to such contact.

Based on the above, the facility has demonstrated compliance with Provision 115.278(e).

(f): Maryland DPSCS Executive Directive OSPS.050.0001, Sexual Misconduct-Prohibited, Section (I)(5) states "a complaint of alleged sexual misconduct made in good faith based upon a reasonable belief that the alleged sexual misconduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation." Additionally, Maryland DPSCS directive OSPS.200.0005, Inmate on Inmate Sexual Conduct-Prohibited, Section (I)(4) states, "A complaint of alleged inmate on inmate sexual conduct made in good faith based upon a reasonable belief that the alleged inmate on inmate sexual conduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of inmate on inmate sexual conduct."

Threshold, Inc. reported one allegation of sexual abuse or harassment during the past 12 months. Per the investigation documentation this was a staff on inmate allegation. The investigation was ultimately determined to be unfounded. The investigation was closed with a "No further action is required; therefore, it is asked that this case be closed" determination. Ultimately the resident was sanctioned for escape or walking off the Threshold, Inc. program.

Based on the above, the facility has demonstrated compliance with Provision 115.278(f).

(g): The agency has policies in place to that prohibit sexual conduct, specifically define sexual abuse, and discipline abusers where coercion is found. Maryland DPSCS Executive Directive OPS.200.0005, Inmate on Inmate Sexual Conduct-Prohibited, effective June 1, 2017, Section .03(A) states, "The Department does not: (1) Tolerate inmate on inmate sexual conduct; and (2) Consider alleged or actual consent as a defense to an allegation of inmate on inmate sexual conduct." Furthermore, Section .05(A)(1) states, "An inmate may not: Commit, participate in, support, or otherwise condone sexual conduct," prohibiting all inmate on inmate sexual contact consensual or otherwise. Section .04(B)(9) defines "Sexual abuse of an inmate by an inmate" and stipulates within the definition "does not consent, is coerced into the act by overt or implied threats of violence, or is unable to consent or refuse," with regard to if the activity falls under the definition of abuse.

Regarding discipline, Section .05(I)(2) states, "An inmate: (a) Determined to have committed sexual conduct is subject to: (i) A penalty established under Inmate Disciplinary Process; and (ii) If applicable, criminal prosecution."

In the past 12 months, Threshold, Inc. reported no allegations of resident-on-resident sexual abuse. Threshold, Inc. reported zero administrative findings of resident-on-resident sexual abuse. Likewise, there were zero criminal findings of guilt for resident-on-resident sexual abuse. Thus, there are no disciplinary records to rely upon when evaluating this provision. However, a mechanism is in place to ensure compliance with this provision. Based on the above, the facility has demonstrated compliance with provision 115.278(g).

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident 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

115.282 (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 § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident 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

115.282 (d)

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

Auditor Overall Compliance Determination

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

(a): During interviews with staff indicated that treatment for alleged resident victims and perpetrators will be administered immediately and at no cost to the inmate. Timely and unimpeded access to medical treatment will be provided as necessary, as a result of any incidents, at no cost to inmate victims of sexual assault. The agency and Threshold has met all requirements of this standard. To further support this standard, Executive Directive, OSPS.050.0030-Sexual Misconduct-Prohibited (effective June 26, 2015) was reviewed and indicates that facility staff shall ensure the safety of the victim of sexual misconduct, through a coordinated response to a complaint of sexual misconduct that includes, immediate medical attention and continued personal protection, referral for medical and mental health care follow-up and non-medical or mental health related counseling and support services. In addition, section F (3) (a) (iii), states that staff shall immediately arrange for emergency medical services.

(b): MDPSCS Executive Directive- Sexual Misconduct-Prohibited (effective June 26, 2015) OSPS.050.0030, section .05F (3), states that while processing a complaint of alleged sexual misconduct, a supervisor, manager, shift commander or head of the unit, shall immediately protect the victim from further harm and arrange for emergency medical services; in addition, staff shall refer the victim for appropriate medical/mental health follow-up services. Interviews with staff first responders did show that Threshold staffs were well informed with what steps are to be taken as a first responder and to protect the victim. Staff stated they would separate the victim and alleged abuser to ensure safety and the victim would be either immediately transported to Metropolitan Transition Center Hospital or Mercy Medical Center depending on the severity; there would not be a time that residents would not have access to medical/mental health treatment.

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

All PREA related post assault follow-up clinical activities for medical and mental health must be completed, including testing and prophylactic treatment for STD's. With regard to section (d) of this standard, the Executive Directive OSPS.200.0004, Inmate Sexual Misconduct, as well as, the Medical Evaluations Manual, Chapter 13, requires that the victim shall be offered medical treatment at no financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standard 115.283: 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

115.283 (a)

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

115.283 (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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.283 (f)

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

115.283 (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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a-g): Interviews with staff supported that all treatment services as required by this standard are available and offered when needed. The services are offered either through Metropolitan Transition Center Hospital, which is a correctional hospital and is consistent with community level care, and/or Mercy Medical Center which is a community hospital. Staff indicated in the event that a resident suffers any sexual abuse, follow-up services and further treatment is available, including any tests for sexually transmitted infections (subsections d and e are not applicable as this is an all-male facility). This is also supported by agency directives and the medical manual/processes are provided to inmate victims of sexual abuse without financial cost. Staff interviews indicated that residents would be immediately offered mental health services upon learning that the resident is a known abuser and treatment would be offered when deemed appropriate. All requirements of this standard have been met.

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

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

(h): The Medical Evaluations Manual, Chapter 13, section K, requires that the alleged abuser shall be offered a mental health evaluation within 30-60 days of the alleged assault or abuse. Staff interviews with the Case Manager and Assistant Director confirmed that the alleged abuser would be offered a mental health evaluation within 30-60 days of the alleged assault or abuse.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (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

115.286 (b)

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

115.286 (c)

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

115.286 (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 §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

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

Auditor Overall Compliance Determination

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

(a-e): Executive Directive OSPS.020.0027-PREA Investigations-Tracking and Review (effective November 13, 2015), section .05- Responsibility, requires that a review team, consisting of upper level facility management, shall review all sex related offenses that are investigated, unless determined to be unfounded, within 30 days after the investigations is concluded. The review team shall have input from line supervisors, investigators and medical and mental health practitioners concerning the incident. In addition, the agency's policy requires the review shall consider if the incident or allegation indicates a need for a change in policy or procedure to better prevent, detect, or respond to sexual abuse and the specific reasons by which the incident was motivated. In accordance with the agency's Directive, the review team shall also examine the location of the incident to evaluate any physical plant issues and assess staffing levels and the need for monitoring technology to determine if there are other issues that may have contributed to the incident. Section E(6) of this directive addresses the requirements for preparing a report of the findings for the managing official and PREA Compliance Manager which must include any identified problem areas, corrective action and recommendations. Section F of this directive addresses the requirement for implementing the review team's recommendations or the documentation of the reasons for not adopting recommendations.

Threshold reported on the PAQ that there were no alleged sexual abuse incidents which required an incident review. During the site audit, records were presented to support that there was not a need to conduct any incident reviews in the past twelve months for any allegations, as there was only one alleged incident which was unfounded. During the interview with the Assistant Director, it was indicated that an incident review would be conducted if there were any allegations of sexual abuse other than cases which are "unfounded". In addition, the Assistant Director indicated that the agency has a directive which reflects the requirements as stated in this standard, and a review would be conducted as necessary following this direction.

MDPSCS directive mandates all of the requirements as set forth in this standard with regard to conducting sexual abuse incident reviews.

Threshold administration is aware of the requirements and interviews with staff confirm that incident reviews would be conducted as necessary meeting all requirements of this standard.

Standard 115.287: Data collection

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

115.287 (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

115.287 (b)

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

115.287 (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

115.287 (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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

(a)/(c): Maryland DPSCS Executive Directive OSPS.020.0027, section .03(B) states, “The Department shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of the Department to assess and improve effectiveness of sexual abuse prevention, detection and responsiveness.” Section .05(B)(1) states, “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.” Likewise, the definitions required by this provision are found in section .04(B).

Agency data is collected via a spreadsheet maintained by the Internal Investigative Division (IID). That tracks all investigations throughout the agency. The spreadsheet contains the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence form. Therefore, the facility has substantially complied with provision 115.287(a)/(c)

(b): Maryland DPSCS Executive Directive OSPS.020.0027, section .05(C) states, “The PREA Coordinator, or a designee shall: (1) Aggregate the incident-based sexual abuse data annually.”

The agency submitted the most recent Survey of Sexual Violence (SSV), and a copy of the most recent Maryland DPSCS PREA Annual Report 2016 was reviewed. A review of the supporting documentation supports the aggregation of incident based sexual abuse data on an annual basis. Based on the above, the facility is in compliance with provision 115.287(b).

(d): Maryland DPSCS Executive Directive OSPS.020.0027, section .05(C) states, “The PREA Coordinator, or designee shall: (1) Aggregate the incident-based sexual abuse data annually. (2) Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews.

The agency submitted the most recent Survey of Sexual Violence (SSV), and a copy of the most recent Maryland DPSCS PREA Annual Report 2016 was reviewed. A review of the supporting documentation supports the aggregation of incident based sexual abuse data. The agency also Provided a spreadsheet maintained by the Internal Investigative Division (IID). The spreadsheet tracks all investigations throughout the agency. The data aggregated in the annual report is derived from the spreadsheet maintained by the IID. Based on the above, the facility is in compliance with provision 115.287(d).

(e): Maryland DPSCS Executive Directive OSPS.020.0027, section .03(B)(1) states, “The Department shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of the Department to assess and improve effectiveness of sexual abuse prevention, detection and responsiveness.” Though the policy does not specifically state “every private facility with which it contracts for the confinement of its residents. The agency does aggregate facility date into the 2016 annual report. A review of the annual report noted that Threshold, Inc. incident-based numbers were provided for year end 2015 and 2016. Based on the above, the facility is in compliance with provision 115.287(e).

(f): Maryland DPSCS Executive Directive OSPS.020.0027, section .03(B)(4) states, “By June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice. The facility provided the most recent SSV submission for review. A review of this document demonstrates that the agency has substantially complied with this provision.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 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

115.288 (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

115.288 (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

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a): Maryland DPSCS Executive Directive OSPS.020.0027, PREA Investigations-Tracking and Review section .05(C) states the PREA Coordinator, or designee shall, “(1) Aggregate the incident-based sexual abuse data annually. (2) Maintain review and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse incident reviews. (3) Ensure that all aggregated sexual abuse data is included in an annual report that: (a) Includes an assessment of the Department’s sexual abuse prevention, detection, and response policies, practices, and training; (b) If applicable, identifies Department-wide problem areas or problems within specific correctional facilities; (c) Is used to facilitate corrective action at the Department and correctional facility levels” is included in the annual report.

(b): Maryland DPSCS Executive Directive OSPS.020.0027, PREA Investigations-Tracking and Review section .05(C)(3) states the PREA Coordinator, or designee shall, “Ensure that all aggregated sexual abuse data is included in an annual report that: (d) Compares the current calendar year’s data and activities with that available from previous years; (e) Assesses the Department’s progress in addressing sexual abuse,” is included in the annual report .

Maryland DPSCS Executive Directive OSPS.020.0026, PREA Federal Standards Compliance .05(B)(7)(a) states, in part that the Coordinator is responsible for the preparation and submission of the PREA-related reports including the annual report.

The Maryland DPSCS PREA Annual Report 2016 provides a comparison of all facility data between the 2016 and 2015. Any corrective actions are listed in the “Problem and Corrective Action Summary,” section of the report. Based on the above, the facility is in compliance with provision 115.288(b).

(c): Maryland DPSCS Executive Directive OSPS.020.0027, PREA Investigations-Tracking and Review section .05(C)(f) states the PREA Coordinator, or designee shall, “Is approved by the Secretary and made available to the public through the Department’s public website that redacts information,” regarding the preparation of the annual report for approval by the agency head.

A review of the Maryland DPSCS PREA Annual Report 2016 revealed that the annual report is signed and approved by the agency head. This was verified through an interview with the agency head and the agency head’s signature on the report itself.

A copy of the Maryland DPSCS PREA Annual Report 2016 was obtained through the website. The website contains current and past annual reports. Hence this information is publicly available.

Based on the above, the facility is in compliance with provision 115.288(c).

(d): Maryland DPSCS Executive Directive OSPS.020.0027, PREA Investigations-Tracking and Review section .05(C)(3)(f) states, “Is approved by the Secretary and made available to the public through the Department’s public website that redacts information: (i) 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 (ii) Related to personal identifiers.” Thus, agency policy requires that the redaction of information in accordance with the standard.

In reviewing the Maryland DPSCS PREA Annual Report 2016 there was no incident-based data included in the report. As a result, specific material redaction is not necessary. Based on a review of agency policy and the annual report the facility is found to be in compliance with provision 115.288(d).

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

(a): Maryland DPSCS Executive Directive OSPS.020.0027, PREA Investigations-Tracking and Review section .05(C)(4) states, "Securely maintain incident-based and aggregate data ensuring only authorized personnel have access to the information."

The Electronic Retention of PREA Investigations memorandum dated July 9, 2014 states, "Effective May 9, 2014, all PREA Investigations from Calendar Year 2013 forward have been and will continue to be electronically retained on a shared Group Drive on a DPSCS sever. Accessibility of the information will be limited to the Director of the Internal Investigative Unit and one (1) designee to ensure confidentiality." Agency policy and procedure limits access to the source material from which the annual report data is

derived. It was noted during the on-site review that in order to obtain the one investigation completed at Threshold, Inc. a request was sent to IIU. The investigation was then forwarded to this writer for review. Based on the above, the facility is substantially compliant with provision 115.289(a)

(b): Maryland DPSCS Executive Directive OSPS.020.0027, PREA Investigations-Tracking and Review section .05(C)(3)(f) states, in part “(f) Is approved by the Secretary and made available to the public through the Department’s public website,” with regard to the publication of sexual abuse data. A review of the Department’s website (<http://dpscs.maryland.gov/prea/index.shtml>) supports that the DPSCS PREA Annual Reports are made available to the public. Based on the above, the facility is compliant with provision 115.289(b).

(c): Maryland DPSCS Executive Directive OSPS.020.0027, PREA Investigations-Tracking and Review section .05(C)(3)(f) states, “Is approved by the Secretary and made available to the public through the Department’s public website that redacts information: (i) 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 (ii) Related to personal identifiers.”

A review of the Maryland DPSCS PREA Annual Report for 2013, 2014, 2015, and 2016 supports that no personal identifiers are utilized in the annual reports. Based on the above the facility is in compliance with 115.289(c)

(d): A review of Maryland DPSCS Executive Directive OSPS.020.0027, PREA Investigations-Tracking and Review section was conducted. Section .05(C)(5) states, “Maintain sexual abuse data for at least 10- years from the date received.” The agency does collect sexual abuse data in accordance with provision 115.287. Data is retained for a minimum of 10 years.

A review of the Maryland DPSCS PREA Annual Report 2016 indicated that Threshold did not have any allegations of sexual abuse or sexual harassment in 2015 or 2016. As a result, a review of the data from these two years was not conducted.

Based upon the language in the Maryland DPSCS Executive Directive, and a review of the Maryland DPSCS PREA Annual Report 2016, the agency appears to be in compliance with provision 115.89(d).

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

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 residents 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*)

Requested documentation was provided and interviews were permitted to take place in a private setting. The audit is performed under a consortium where the auditing agency conducts all audits within the audited agency.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident 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.

Christine Wakefield

5-22-18

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.