

PREA Facility Audit Report: Final

Name of Facility: Youth Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/03/2025

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Lori M. Fadorick

Date of Signature: 06/03/2025

AUDITOR INFORMATION

Auditor name: Fadorick, Lori

Email: lfadorick@gmail.com

Start Date of On-Site Audit: 04/18/2025

End Date of On-Site Audit: 04/19/2025

FACILITY INFORMATION

Facility name: Youth Detention Center

Facility physical address: 926 Greenmount Avenue, Baltimore, Maryland - 21202

Facility mailing address:

Primary Contact

Name:	Kejuanna Conyers
Email Address:	Kejuanna.Conyers@MARYLAND.GOV
Telephone Number:	4102341819

Warden/Jail Administrator/Sheriff/Director	
Name:	Facility Administrator Virgel Hatcher
Email Address:	Virgel.Hatcher.@maryland.gov
Telephone Number:	410-234-1816

Facility PREA Compliance Manager	
Name:	Kejuanna Conyers
Email Address:	kejuanna.conyers@maryland.gov
Telephone Number:	(410) 234-1819

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	81
Average daily population for the past 12 months:	70
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	14-17
Facility security levels/inmate custody levels:	MINIMUM / MAX
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	Maryland Department of Public Safety and Correctional Services
Governing authority or parent agency (if applicable):	N/A
Physical Address:	6776 Reisterstown Road, Baltimore, Maryland - 21215
Mailing Address:	
Telephone number:	4103395000

Agency Chief Executive Officer Information:	
Name:	Secretary Carolyn Scruggs
Email Address:	carolyn.scruggs@maryland.gov
Telephone Number:	(410) 339-5099

Agency-Wide PREA Coordinator Information**Name:**

Funsho Oparinde

Email Address:

funsho.oparinde@maryland.gov

Facility AUDIT FINDINGS**Summary of Audit Findings**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.14 - Youthful inmates

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-18
2. End date of the onsite portion of the audit:	2025-04-19

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	MCASA

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	70
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☒ Yes ☐ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	78
19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	78
20. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
21. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

25. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
29. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
30. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility is a dedicated facility that only houses youthful inmates. Both male and female inmates are housed at the facility. Numerous targeted categories were unavailable for interview. Additionally, the facility does not have a segregated housing unit. There were no barriers to completing the inmate interviews.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
31. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	113

32. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5
33. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
34. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	None
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
35. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
36. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None

37. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected at least one inmate from each housing area, including both male and female inmates
38. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
39. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to completing the random interviews. The staff were efficient in getting the inmates to the auditor for interview. Based upon the inmate population on day one of the audit (78), the PREA Auditor Handbook required that the auditor interview a minimum of 16 inmates, 8 random and 8 targeted. A total of 16 inmate interviews were conducted. All interviews with inmates occurred in a secure area to ensure privacy. Offender interviews were conducted using the established DOJ interview protocols. If a randomly selected inmate had refused to be interviewed, an additional inmate from the same housing area would be selected in an attempt to get a cross section from the entire general population. There were no selected inmates that refused.
Targeted Inmate/Resident/Detainee Interviews	
40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	

41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	16
42. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
43. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information in the PAQ, interviews with staff and documentation review.
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information in the PAQ, interviews with staff and documentation review.
45. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information in the PAQ, interviews with staff and documentation review.
46. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information in the PAQ, interviews with staff and documentation review.
47. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information in the PAQ, interviews with staff and documentation review.

49. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Based on information in the PAQ, interviews with staff and documentation review.
50. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
51. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

51. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
51. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	YDC does not have a segregation unit
52. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	YDC is a dedicated facility for youthful offenders, therefore all inmates interviewed are youthful offenders. There were no barriers to completing the interviews. The staff were efficient in getting the inmates to the auditor for interview. Based upon the inmate population on day one of the audit (78), the PREA Auditor Handbook required that the auditor interview a minimum of 16 inmates, 8 random and 8 targeted. A total of 16 inmate interviews were conducted. There were few inmates in the specialized categories. All interviews with inmates occurred in a secure area to ensure privacy. Offender interviews were conducted using the established DOJ interview protocols. If a randomly selected inmate had refused to be interviewed, an additional inmate from the same housing area would be selected in an attempt to get a cross section from the entire general population. There were no selected inmates that refused.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
53. Enter the total number of RANDOM STAFF who were interviewed:	12

54. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
55. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
56. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to completing the random staff interviews.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
57. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
58. Were you able to interview the Agency Head?	☒ Yes ☐ No
59. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

60. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
61. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

62. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☒ Line staff who supervise youthful inmates (if applicable)
- ☒ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☐ Other
63. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
64. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
64. Enter the total number of CONTRACTORS who were interviewed:	2
64. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
65. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no barriers to completing the random staff interviews.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

66. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

67. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

68. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

70. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

71. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	Auditor had access to all areas of the facility. There were no barriers to conducting the site review. The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of communication in general population housing areas, as well as search procedures, and availability and access of medical and mental health services. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
72. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No

73. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Auditor requested and was provided additional documentation during the on-site review to include case records for all inmates interviewed.

The Auditor conducted a document review of employee and inmate files, and a spot check of documents that were previously provided to the auditor along with the PAQ, including log books and other institutional forms. The auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. The staff explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Case files for all inmates interviewed were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and receiving procedures were observed and intake screenings are conducted in private. The Auditor requested additional supporting documentation to include: training records, randomly chosen inmate medical records, randomly chosen inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

80. Explain why you were unable to review any sexual abuse investigation files:

There were no allegations during this review period

81. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
88. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations during this review period
89. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
93. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
94. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
95. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
96. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There were no allegations during this review period

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

97. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

98. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

99. Who paid you to conduct this audit?

- ☐ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☒ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Identify the name of the third-party auditing entity

CCS

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. DPSCS 020.0026 Prison Rape Elimination Act - Federal Standards Compliance 2. OPS.050.0001 3. MD Criminal Law 3-314 4. OPS.200.0005 5. Organizational Chart - DPSCS, YDC 6. YDC.050.0001 7. Staff Interviews 8. Inmate Interviews 9. YDC Completed PAQ Findings: The Auditor reviewed the DPSCS Policies. The Department has comprehensive PREA policies, which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited

behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the agency's overall approach to preventing, detecting, and responding to sexual abuse and harassment. There are informational posters prominent in all areas of the facility. Interactions and interviews with both offenders and staff also reflect that staff at all levels and inmates are aware of the zero-tolerance mandate.

The agency has three policies, DPSCS.020.0026, OPS.050.0001 and OPS.200.0005 which outline the agency's strategies on preventing, detecting, and responding to sexual abuse and sexual harassment. The policies include definitions of prohibited behavior, and describes sanctions for participating in prohibited behavior. The policies address preventing sexual abuse and sexual harassment through the designation of a PREA Coordinator, training (DPSCS staff, volunteers, and contractors), staffing, intake/risk screening, inmate education and posting of PREA related signage. The policies address detecting sexual abuse and sexual harassment through training (DPSCS staff, volunteers, and contractors) and intake/risk screening. The policies address responding to allegations of sexual abuse and sexual harassment through reporting, victim services, medical and mental health services, employee and inmate discipline, incident reviews and data collection.

Per the PAQ, the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards. The agency's policy stipulates the Secretary has designated a PREA Coordinator as the statewide PREA Coordinator to work in the office of the Deputy Secretary of Operations (DSO) with sufficient time and authority to develop, implement, and oversee DPSCS efforts to comply with the Prison Rape Elimination Act standards in all DPSCS facilities. The DPSCS has designated an upper-level staff as the agency-wide PREA Coordinator for the department. By virtue of his position, he has the authority to develop, implement and oversee the Department's efforts to comply with PREA standards. The PREA Coordinator is very knowledgeable about the facility, and the requirements of the Prison Rape Elimination Act. He works closely with facility staff and acts as a liaison on PREA related matters. He is available anytime for questions or to respond to PREA related matters and makes regular visits to each of the facilities.

There is a PREA Compliance Manager for each facility that reports to the PREA Coordinator. There appears to be an open line of communication between all levels of staff at the Department and facility levels. The PREA Coordinator is directly involved in the implementation efforts, as well as handling and reviewing individual offender issues for the agency.

DPSCS.020.0026 states that the managing official for each Department detention, correctional and community confinement facility, shall identify a PREA Compliance Manager for that facility. The policy further outlines the responsibilities of the PCM.

Per the PAQ, the position of the PCM at the facility is a Supervisory Staff Member and the position reports to the Warden. The PAQ indicated that the PCM has sufficient

	authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the PREA Compliance Manager reports to the Warden. DPSCS.020.0026 states that the managing official for each Department detention, correctional and community confinement facility, shall identify a PREA Compliance Manager for that facility. The policy further outlines the responsibilities of the PCM. The YDC has designated an upper-level staff member as the PREA Compliance Manager. A review of the organizational chart reflects this position in organizational structure. The PCM reports that she has sufficient time and by virtue of her position, the authority to develop, implement and oversee the facility's efforts to comply with PREA standards. The PCM is involved in the implementation efforts, as well as handling and reviewing individual offender issues at the facility level. The PREA Compliance Manager appears to understand the role and importance of the position and ensures that all facets of the YDC PREA program are completed per policy and the PREA standards. Interviews with facility staff indicated that they were trained in and understood the zero-tolerance policy established by the YDC and DPSCS. The random staff interviewed were able to articulate their role regarding prevention, detection, and response procedures for PREA allegations. The agency trains all staff on an annual basis. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ Findings: Per the PAQ, the agency has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit. YDC does not house inmates contracted by other entities or contract with other entities to house YDC inmates. Any contracts for confinement of DPSCS inmates is done at the agency level. There are currently no contracts for the confinement of DPSCS inmates.

	After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. DPSCS OPS.050.0001 2. DPSCS OPS.115.0001 3. YDC Staffing Plan 4. YDC Staffing Plan Review 2025 5. Staffing Analysis and Overtime Management Manual 6. Post Assignment Rosters 7. Post Logbooks 8. PREA Rounds 9. YDC Completed PAQ Interviews with the following: • PCM • Warden • Random Staff • Supervisors Responsible for Conducting Unannounced Rounds Observation of the following: • Observation of unannounced rounds by supervisors as well as auditors during the site review • Observation of supervisors documenting rounds in the daily logbooks on the duty post during the site review Findings: DPSCS policy OPS.115.0001 states that when determining adequate staffing levels and the use of video monitoring equipment the following factors are considered: best practices used by corrections and detention facilities; findings related to inadequate correctional and detention facility administrative and operational practices resulting from a court decision, federal investigation or from an internal or external unit with oversight responsibilities; the physical plant to determine the presence of “blind spots” or isolated areas; characteristics of the inmate population at the facility; the number and placement of supervisors; program activity taking place on each shift; applicable federal, state or local laws or standards; prevalence of substantiated and unsubstantiated complaints of sexual abuse at the facility and other factors as related

to facility security and safety.

The most recent review of the staffing plan for YDC was completed on January 27, 2025. The facility staffing is based upon a multi-faceted formula to determine the number of staff needed for essential positions. The Auditor reviewed YDC's most recent review and found that the facility has documented that they have considered all the elements from standard 115.13 (a) (1-15) as part of the review. The review indicated that the facility staff positions includes 2 Captains, 12 Lieutenants, 18 Sergeants and 86 Officers.

The average daily population since the last PREA Audit is 70. Per the PAQ, the staffing plan is predicated on a population of 70.

The Warden confirmed that video monitoring is part of the staffing plan and that video systems provide additional assistance with security and control of inmates. The Warden confirmed all components under this provision are included in the development and review of the staffing plan. The review includes the PC. The Warden and AW check for compliance with the staffing plan BY reviewing the Post Assignment Worksheet (PAW), which tracks the daily staffing levels. The PCM confirmed that all required components under this provision are utilized when assessing adequate staffing levels and the development/modification of the staffing plan. Staff confirmed that the staffing plan considers blind spots as well as placement of mirrors and cameras. During the site review the auditor observed security staff in housing units as well as in work, program, and common areas. There were cameras and mirrors strategically placed around the facility to assist with monitoring.

During a targeted interview with the Warden and PCM, the auditor verified that they review the annual staffing plan and are a part of the review meeting. They closely monitor staffing and any post closures. The Warden verified that if there were an instance where the facility did not comply with their staffing plan, that instance would be notated, including the reason for the shortage and the actions taken. According to staff and the PAQ, there were no instances where they were out of compliance with the staffing plan due to staffing shortages. OPS.115.0001 states that the managing official, or a designee, is responsible for maintain the current facility staffing plan approved by the Commissioner, or a designee, and documenting all deviation from the approved staffing plan. The facility regularly does camera reviews and assess areas that need additional coverage. The Captain can make decisions on post closures for level 1 and 2 posts. To close any post higher than a 2 has to have higher level approval.

YDC uses a combination of voluntary and mandated overtime to ensure all required posts are covered. YDC has a facility video monitoring system with cameras installed throughout the facility. The cameras are used to monitor inmate movement within the facility; it is also used in investigative cases, where staff must review incidents that have been alleged occurred. Viewing capability is available on assigned state issued computers for authorized staff.

Per the Captain, YDC just implemented a new staffing plan.

During the on-site review, the auditor reviewed the deployment of CCTV monitoring. The facility has a camera surveillance system comprised of multiple monitors located in the control room. These screens are monitored by staff at all times. The most recent review of the staffing plan indicated the video monitoring system and placement of cameras were reviewed. The cameras are accessible from multiple locations in the facility.

In accordance with the provisions of the staffing plan, YDC, in collaboration with the PREA Coordinator reviewed the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. This was documented on the staffing plan review, and signed and acknowledged by the PCM and PREA Coordinator.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. The Auditor observed cameras in all areas of the facility, as well as mirrors. The Auditor observed formal and informal interactions between staff and inmates.

In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the DPSCS policies indicated that policy requires that supervisors will conduct and document unannounced rounds each shift, and that there is a prohibition against staff alerting other staff of the rounds. During the pre-audit phase, the facility provided the auditor a sample of documentation of unannounced rounds for each shift. This documentation sampling verified that unannounced rounds were conducted during all shifts. During the on-site portion of the audit, the auditor reviewed logbooks that verified that unannounced rounds were recorded daily and documented by the supervisors.

The Auditor conducted informal interviews with staff and supervisors from various shifts. Staff stated that supervisors do regularly conduct unannounced rounds throughout the facility. Supervisors stated they are required to make at least one unannounced round in all facility areas and on each shift. Higher level supervisors are required to conduct one unannounced round covering each facility area during a one week period. In order to prevent staff from alerting other staff when they are making unannounced rounds, the Auditor was informed supervisors do not conduct their rounds by any specific pattern. Supervisors stated they conduct their rounds at different times and do not take the same route when touring the facility. Interviews with supervisors, as well as line staff indicate that the rounds are unannounced and random.

The Captain stated that they ensure that all critical posts are covered and staff work voluntary and draft overtime if needed to supplement the shift strength.

After a review, the Auditor determined that the facility meets the requirements of the standard.

Corrective Action: None

115.14	Youthful inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. DOC 100.0002 3. DPDS 100.0003 4. Post Order 110-1-a 5. Review of population report on the day of the audit as well as population reports from the previous 12 months 6. Interviews with Staff Interviews with the following: • PREA Coordinator and PREA Compliance Manager Observation of the following: • Site Review Findings: The PAQ indicated that the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. YDC is a dedicated facility for only youthful incarcerated individuals. Department policy states that no juvenile is detained in or committed to the Division unless legal jurisdiction has been waived to the Division or the juvenile is formally charged with an adult offense. If a waived juvenile is remanded to the custody of the Division, the individual shall be housed in a separate unit designed for juveniles which affords no more than incidental sight or sound contact with adult detainees from outside the unit in living, program, dining, and common areas. Any other sight or sound contact is minimized, brief and in conformance with applicable legal requirements. A review of population reports confirmed that YDC has only housed inmates under the age of eighteen. The Auditor interviewed random and specialized staff, including custody and program staff. All staff stated that all individuals incarcerated at YDC were age 14-17. This was confirmed with inmate interviews, site review and documentation review. The agency ensures that youthful inmates do not have any contact with adult inmates by placing them in a dedicated facility. Movement within the facility is strictly controlled and all housing units are direct observation and staff are available

	at all times. After a review, the Auditor determined the facility exceeds the requirements of the standard. Corrective Action: None
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. DPSCS OPS 050.0001, 110.0047, YDC-050.0001 3. Logbooks 4. Lesson Plan for Searches and Security Custody and Control 5. PowerPoint 6. Training Rosters 2024 Interviews with the following: • Training staff • Random Staff • Medical Staff • Random Inmates Observation of the following: • Observation of inmate housing area • Observation of CCTV coverage of housing areas and individual protective cells • Observation of staff announcing the presence of opposite gender staff during site review Findings: The DPSCS policies are written in accordance with the standards and prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances. OPS.110.0047 states that a personal search of a female inmate shall be conducted by a female correctional officer and a male inmate may be searched by either a male or female correctional officer provided that a female officer does not touch the genital area of the inmate being searched. Policy further states that if an inmate is granted a personal search exception and produces a search card exception, the inmate shall be searched by a correctional officer of the gender indicated on the card. The PAQ indicated that the facility does not conduct cross gender strip or cross gender visual body cavity searches of inmates. The PAQ stated there were zero cross-gender strip or cross-gender visual body cavity searches of inmates over the past

twelve months.

The YDC holds both male and female offenders.

The agency does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. OPS.110.0047 states that a personal search of a female inmate shall be conducted by a female correctional officer and a male inmate may be searched by either a male or female correctional officer provided that a female officer does not touch the genital area of the inmate being searched. Policy further states that if an inmate is granted a personal search exception and produces a search card exception, the inmate shall be searched by a correctional officer of the gender indicated on the card. Per the PAQ, the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The PAQ indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities to comply with this provision. Per the PAQ, there were zero pat-down searches of female inmates conducted by male staff.

Interviews with random staff indicated that female inmates are not restricted from going somewhere because there was not a female staff member to conduct a search. Staff stated there are always female staff available at the facility. Interviews with female inmates confirmed that they had not been restricted access to programming or out-of-cell opportunities due to not having a female to conduct a search.

OPS.110.0047 states that the correctional employee conducting the strip search shall log or report the search in accordance with established procedures. Policy also states that each inmate search is documented on forms approved by the Deputy Secretary of Operations, ore designee.

The auditor observed the areas where strip searches occur and found them to be adequate in providing privacy from viewing by opposite gender staff or incidental viewing by anyone not performing the strip search. Per the PAQ, the facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and that all cross-gender pat-down searches of female inmates be documented.

YDC.050.0030.1 states that custody staff shall ensure inmates/detainees of the opposite gender are viewed in a state of undress only in exigent circumstances or incidental to routine cell checks. Policy also states that custody staff shall ensure staff of the opposite sex announce their presence when entering the wing and ensure other staff do as well. Per the PAQ, the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical 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. Additionally, the PAQ stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

The auditor observed opposite gender announcements made during the site review. The toilet and shower areas are adequately private. A review of CCTV coverage in

common areas, bathroom areas and individual protective cells revealed that the cameras were pointed away from toilet areas or covered. Inmate interviews revealed that the inmates felt as if they have sufficient privacy to change and shower without female staff being able to view them undressed.

Staff interviews indicate the offenders' privacy from being viewed by opposite gender staff is protected. Current procedures in place at YDC afford offenders appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in direct view. The auditor observed all areas in the facility where inmates may be in a state of undress and concluded that these areas are sufficiently private to prevent viewing by female staff.

Inmate interviews revealed that in response to asking if opposite gender staff make announcements:

- 16 inmates stated that staff consistently announce

All 16 inmates stated they had never been naked in full view of staff and had no issues with privacy. Further, the female inmates stated that they rarely see male staff in the housing units.

DPSCS policy prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status.

OPS.110.0047 states that a strip search of a gender dysphoric or intersex inmate may not be conducted for the sole purpose of determining the inmate's genital status. If an inmate's genital status is unknown, it is to be determined through: conversation with the inmate; a review of available medical records or part of a broader medical examination conducted in private by a licensed medical professional. According to targeted interviews with medical staff and review of logs during the on-site portion of the audit, no inmate has been examined for the purpose of determining gender status. During staff interviews, staff were clear in their understanding and were able to articulate that they could determine this information other ways, including asking the offender. Staff are typically aware when they are receiving a transgender offender. Per the PAQ there have been no transgender or intersex searches performed for the sole purpose of determining genital status by the facility at YDC.

Interviews with staff indicate that transgender inmates can request a staff member of their preferred gender to search them. There were no transgender offenders at YDC during the onsite review and none have been held during the audit period.

Per DPSCS policy, security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, in the least intrusive manner possible. These searches shall be consistent with security needs and should 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. OPS.110.0047 outlines the appropriate technique for searches. The Auditor reviewed the training records for YDC and found that all staff are trained in accordance with the policy.

	During the pre-audit portion of the audit, the auditor reviewed the training presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex inmates in accordance with this standard. According to the PAQ, 100% of all employees hired in the last 12 months received the required training. The Training staff also provided training rosters for facility staff. During the on-site document review of employee files, the auditor verified the documents in the employee files provided during the pre-audit phase. DPSCS policies require all staff to be trained on how to conduct searches, including those of transgender and intersex offenders. Staff indicated that they are trained to do cross-gender searches at the academy and were able to articulate to the Auditor how they would accomplish a search of a transgender inmate. A targeted interview with facility indicates officers are trained on how to do searches of transgender and intersex offenders during their initial training, as well as during in-service. The Auditor reviewed the training outline and found it to be in compliance with the standard. The auditor was provided a print out of all completed in-service for the previous year (2024) and thus far for the current year. During the random staff interviews, employees recalled being provided training on how to perform cross-gender pat down searches, as well as how to search transgendered or intersex inmates. Interviews indicate that the officers understand how to conduct cross-gender searches and searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Transgender offenders can request a “card” to be searched by an officer of their preferred gender. Showers are made available to transgender inmates during facility counts while other inmates are restricted to their cells, if requested. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OEO.020.0032 – Limited English Proficiency (LEP) Policy 3. OPS.050.0001 – Sexual Misconduct – Prohibited 4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited

5. OSPS.050.0011 – Americans with Disabilities Act of 1990, Title I & II
6. Special Management Offenders Lesson Plan
7. Limited English Proficiency Plan
8. Translation Services Flyer
9. PREA Brochure and Posters

Interviews with the following:

- PREA Coordinator
- PREA Compliance Manager
- Random Staff
- Classification Staff
- Intake Staff

Observation of the following:

- Observation of posted information in facility

Findings:

The YDC, in accordance with DPSCS Operating Procedures takes appropriate steps to ensure that offenders with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. DPSCS Operating Procedure is written in accordance with the standard. Per the PAQ, the agency has established procedures to provide disabled inmates 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.

OPS.200.0005 states that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation; by including in the facility's inmate orientation paperwork and the facility's inmate handbook. OSPS.050.0011 states that to the extent possible, and according to federal guidelines, the Department shall make reasonable accommodations to enable qualified individuals with a disability access to: employment opportunities and public services, program or activities provided by the Department. Additional documentation confirmed that the agency has available a statewide visual communication services (American Sign Language) available through: on-site interpretation, on-site CART, visual remote interpretation and remote CART. OPS.001.0008 states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format the that inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. The Special Management Offenders Lesson Plan outlines the challenges for inmates with disabilities and how to overcome the challenges.

The auditor reviewed the PREA information, including posted PREA Posters, the PREA Brochure and inmate distributed information and verified that information can be provided in large font, bright colors and can be read to inmates in terminology that they understand.

The PREA Coordinator confirmed that the agency has established procedures to provide disabled inmates 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. He stated that certain facilities have been designated for individuals who are hard of hearing or have vision impairments and accommodations made specific to these disabilities, including communication devices. LEP inmates they have interpreters and if there are not specific staff at the facility who can interpret that they have a phone number they can utilize for over the phone interpretation services. The Agency Head Designee stated that the Department has inmate handbooks in English and Spanish and that they also have posted PREA information in English and Spanish. Interviews with one disabled inmate and one LEP inmates indicated that one had received information in a format that he could understand. The other inmate indicated he was never provided any information on PREA. During the tour the auditor observed that information was posted in the housing units in large font and bright colors. Additionally, the auditor observed the brochures, risk screening questions and other PREA information was available in larger text formats.

Offenders determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. Interviews with the PCM and Intake staff indicate that YDC ensures that any offenders with significant disabilities that required any special accommodations would be identified at intake and referred to the PCM. Staff would ensure the offender was able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment. Staff will make accommodations as necessary. The agency's PREA brochure and handbook for inmates is distributed to each inmate upon arrival at the facility.

Interviews with staff, including supervisory staff and intake officers confirm that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. The Auditor observed PREA informational posters throughout the facility, in visible locations in both English and Spanish. Spanish is the prevalent non-English language in the area. During interviews with staff responsible for intake and classification, they ensured that inmates with disabilities were provided access to the PREA program. Staff indicated that any situations requiring accommodations would be handled on a case-by-case basis.

The staff are generally aware of the availability of interpretive services for LEP inmates. The facility has the PREA brochure in a variety of formats. Staff will read the PREA information provided during Intake for inmates who are blind or have low vision or who cannot otherwise read or understand the information. The PREA video is both audible and closed captioned for those who may be deaf or blind. If YDC receives an inmate with an intellectual or cognitive disability, this is handled on a case-by-case basis. A staff member would conduct an individual session with the inmate to ensure the inmate receives and understands the agency's PREA information and will make a referral to Psychology staff if necessary.

DPSCS Operating Procedure indicates that offenders who are limited English proficient

have access to all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. OPS.200.0005 states that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation; by including in the facility's inmate orientation paperwork and the facility's inmate handbook. OEO.020.0032 states that the Department shall take reasonable steps to ensure that LEP individuals receive meaningful access to programs and services, as appropriate. Policy states that employees have access to resources for providing language assistance services, including: contact information for on-site or telephone based interpreters; certified bilingual employee registry and a process, such as language identification cards, for determining the language of a LEP individual. The policy also indicates direction on verbal language services including: utilizing a live or telephone based interpreter, using a trained volunteer, using certified bilingual staff or hiring employees with bilingual skills. Policy states that a unit shall ensure that the translation of vital documents into languages spoken by more than three percent of the overall population within the geographic area served by a Department unit. OPS.001.0008 states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format the that inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate.

The Auditor determined through staff interviews and a review of the contract that the YDC has interpreters available for limited English proficient offenders using a telephone-based interpreter service. There are also a few bilingual staff that can assist with translation.

During the on-site portion of the audit, the Auditor was not able to speak with any inmates identified as having a disability or inmates identified as limited English proficient. The auditor verified that there were zero inmates with disability through a review of a sample of risk screening documents as well as interviews with medical and mental health care staff. The auditor confirmed there were no LEP inmates through conversation with education staff.

YDC offers the PREA Education video with closed-captioning. Staff can also communicate with hearing impaired or deaf inmates through written communication.

The DPSCS Operating Procedure prohibits the use of inmate interpreters except in instances where a significant delay could compromise the offender's safety.

OPS.050.0001 states that inmate interpreters, inmate readers, or other types of inmate assistances are not used to communicate information required under this directive to other inmates, except under limited circumstances where a delay in obtaining an effective non-inmate interpreter would compromise the inmate's safety, the performance of first responder duties, or the investigation of an inmate's allegation. Interviews with staff indicate that offenders are not and would not be used as interpreters. During the random staff interviews, no staff member said it was appropriate to use an inmate interpreter when responding to allegations of inmate

	sexual abuse due to confidentiality issues. According to the targeted interview with the PCM as well as the PAQ, there were no instances of the use of an inmate interpreter even in exigent circumstances. The facility has the PREA related information and handouts in a multitude of formats. Inmates are required to sign the Preventing Sexual Abuse and Assault Training acknowledgement form for verification of receipt of the inmate handbook and PREA education. The Auditor reviewed examples of these forms. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. DPSCS.020.0026 – Prison Rape Elimination Act – Federal Standards Compliance 3. ADM.050.0041 – Criminal History Records Check – Non-Mandated Employees 4. Standards of Conduct 5. MD Code 4-311 6. Hiring Background Packet 7. Background Check on Employees 8. Review of employee files 9. Review of contractor and volunteer files 10. Interviews with PREA Coordinator and Human Resources Findings: Per the PAQ, the YDC does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the policy is written consistently with that in the standard. DPSCS.020.0026 states that the Human Resource 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: engaged in sexual abuse in prison, jail, lockup or any other institution; 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 was civilly or administratively adjudicated to have

engaged in sexual abuse by force, overt or implied threats of force or coercion.

The Auditor reviewed personnel files for DPSCS employees, as well as contractors and volunteers. The document review conducted by the auditor during the pre-audit phase and on-site, as well as interviews with the PREA Coordinator and Human Resources Manager confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period.

Per the PAQ, YDC will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. A targeted interview with Human Resources stated that instances of sexual harassment would be a factor when making decisions about hiring and promotion. Every employee and contractor undergo a background check and is not offered employment if there is disqualifying information discovered.

DPSCS.020.0026 states that the Human Resource Services Division shall consider any incident of sexual harassment when determining to hire or promote an employee or contract with a service provider if the individual may have contact with an inmate

There is a written policy that requires inquiry into a promotional candidate's history of sexual abuse or harassment. Documentation reviewed supports compliance with the standard in accordance with agency policy. DPSCS.020.0026 states that before hiring a new employee to perform duties involving contact with an inmate, the Human Resource 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 resignation during a pending investigation of an allegation of sexual abuse.

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

Per the PAQ, in the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks is zero.

DPSCS Operating Procedure requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. Consistent with agency policy, all employees and contractors must have a criminal background record check prior to employment. Staff at the Intelligence and Investigative Division (IID) at DPSCS headquarters complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. Verification of the background check is sent to the Human Resource staff when completed. Human Resource staff verified this information in interviews discussing the background process. The auditor reviewed examples during the pre-audit phase file review. A review of personnel records by the Auditor found that all contractors and volunteers have had a background investigation and answered the PREA related questions as required by the standard. The Human Resource staff member confirmed that a criminal background records check is completed on all mandated, non-mandated, and contractual staff who will work within the institution or other office locations within

the Department. During the promotional process, current employees go through a vetting process with the Intelligence and Investigative Division.

DPSCS.020.0026 states 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. ADM.050.0041 states that a hiring authority shall ensure that before an employee begins to perform duties and responsibilities of employment that a criminal history records check is performed in order to determine the existence of criminal convictions that may specifically impact performance as an employee. The policy further states that employee includes: a contractor, an intern and a volunteer. The Human Resource Manager stated that the process is essentially the same for contract employees with respect to background checks and ensuring compliance with the standard. Per the PAQ, criminal background record checks were conducted on 8 contract staff who might have contact with inmates. The auditor reviewed documentation of background checks for contract staff.

DPSCS.020.0026 states that for each subordinate employee and contractor services provider who may have contact with an inmate, an appointing authority, or a designee, shall conduct a criminal records background check, at minimum, every five years, or have in place a system for otherwise capturing such information for current employees and contractors. The agency has a system in place to capture any arrests. A review of the documentation confirmed that staff are fingerprinted and that the agency is notified by the State Police of any arrest by staff. Human Resource staff indicated that criminal background record checks are completed through a query of the Criminal Justice Information Services (CJIS), National Crime Information Center (NCIC) and Maryland Telecommunication Enforcement Resource System (METERS) systems. The agency uses a reporting system in CJIS that captures encounters an employee may have with a criminal justice system and this system notifies employers or any incidents. Human Resources stated that if a prospective applicant previously worked at another correctional institutional, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation. This is done by the IID and this information would be included in the background report.

DPSCS.020.0026 states the HRSD shall inquire of each applicant and current employee who may have contact with an inmate directly about previous misconduct described in 04B(3) of this directive in: 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. A review of the Polygraph Questions for Mandated Positions confirms that individuals are required to answer the following questions:

1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?;
2. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?;

	3. Have you been civilly or administratively adjudicated to have engaged in the activities described in question 1 or 2?; and 4. Have you ever been accused of sexual harassment? Per the PAQ, there was no new staff hired in the previous 12 months. The Human Resource staff member stated that all new hires are required to complete a four question PREA form related to sexual abuse and sexual harassment during the application process, interview process and background check. Additionally, any employee applying for a mandated promotion is required to submit an updated PREA form. Staff also have a continuing duty to disclose any previous misconduct. The YDC asks applicants and contractors directly about misconduct as described in the standard using a Self-Declaration form during the application process. These forms are maintained in their respective personnel files. The Auditor reviewed random files and verified these forms are being completed. Interviews with staff indicated that the forms are being completed as required by the standard and agency policy. DPSCS Operating Procedure stipulates a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy were reviewed by the auditor. DPSCS.020.0026 states that a material omission regarding conduct described in this directive or providing materially false information shall be grounds for termination of employment. Interviews with staff verified that the YDC would terminate employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct. The Human Resource staff indicated that information related to prior sexual abuse and/or sexual harassment allegations would be forwarded to the requesting agency after an authorization to release form is provided. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. Camera Approval

	3 Interviews with staff 4. Observation of camera placement and footage 5. Interviews with Warden and Captain Findings: Per the PAQ and staff interviews, the facility has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit. The interview with the Warden indicated they have not had any substantial expansions or modifications to the physical plant at YDC since the last PREA audit. The Warden did confirm that if the facility did undergo such modifications, inmate safety and PREA would be considered in any such decisions. During the onsite review, the auditor confirmed there were no substantial expansions or modifications at the facility. YDC has a facility video monitoring system with cameras installed throughout the facility. The cameras are used to monitor inmate movement within the facility; it is also used in investigative cases, where staff must review incidents that have been alleged occurred. Viewing capability is available on assigned state issued computers for authorized staff. There have been no camera additions and updates during the last 12 months. A targeted interview with the PCM indicates that she feels that the camera coverage is sufficient to protect inmates from sexual abuse. She stated that YDC evaluates the camera coverage in the facility and would make recommendations as needed to increase the coverage and eliminate any potential blind spots. Per interview with the Warden and PCM, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, YDC considers how such technology may enhance YDC's ability to protect inmates from sexual abuse. The Warden indicated that YDC reviews the cameras routinely to ensure they are operational. The auditor reviewed camera placement during the on-site review, as well as camera monitors and views of areas in the facility, and a listing of all cameras. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

1. YDC Completed PAQ
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. OSPS.020.0027 – PREA Investigations – Tracking and Review
5. IIU.110.0011 – Investigating Sex Related Offenses
6. IIU.220.0002 – Evidence and Personal Property Collection, Storage and Disposition
7. Memo from PREA Coordinator Related to Evidence Protocol Adaptation
8. Investigative Reports
9. Advocacy Flyer
10. Victim advocate training for PC
11. SAFE Programs
12. SAFE Resource list

Interviews with the following:

- PCM
- Investigator
- Warden
- Medical personnel
- SANE Nurse

Findings:

Per the PAQ, DPSCS is responsible for both administrative and criminal investigations.

The agency follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. A review of the agency's policies and procedures on evidence protocol indicated the agency has included the elements of this standard in its policies and procedures. Interviews with YDC staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault.

OSPS.020.0027 states that the Department's Internal Investigative Division (IID) is the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IID. IIU.110.0011 states that the Department shall promptly, thoroughly and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. IIU.220.0002 outlines the procedure for evidence collection including general guidelines, custodial investigator guidelines, temporally securing evidence and property, evidence room, collection and control, firearms, currency, controlled dangerous substance and inventory. Interviews with thirteen random staff indicated that all thirteen were aware of and understood the protocol for obtaining usable physical evidence.

YDC trained investigators conduct administrative investigations. All allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to

the Intelligence and Investigative Division (IID) for investigation. Facility staff are required to preserve any crime scene until the IID Investigator arrives to collect or process physical evidence from the scene. According to interviews with random staff, there are multiple investigators trained to conduct sexual assault investigations. In addition, the PREA Compliance Manager would be notified.

YDC is a dedicated facility for youthful offenders. Per the PAQ, the evidence protocol is developmentally appropriate for youth and was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents." IIU.110.001 states that when the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, the investigator will coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. IIU.220.0002 outlines the procedure for evidence collection including general guidelines, custodial investigator guidelines, temporally securing evidence and property, evidence room, collection and control, firearms, currency, controlled dangerous substance and inventory. The memo from the PC indicated that the DPSCS evidence protocols were developed and in place prior to 2013, however a comparison of the Department's protocols with the National Protocol revealed both protocols are based upon similar principals and processes.

Per the PAQ and DPSCS Operating Procedure, all victims of sexual abuse shall be offered a forensic medical exam, without financial cost including prophylactic testing/treatment for suspected STIs. Examinations will be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the National Protocol for Sexual Assault Medical Forensic Examinations from the Department of Justice. Persons performing these exams will be Registered Nurses licensed by their respective State Board of Nursing and possess training and/or certification in the Sexual Assault Nurse Examination or a Physician with training specific to the sexual assault medical forensic examination. OPS.050.0001 and OPS.200.0005 state if the alleged sexual misconduct or inmate on inmate sexual conduct involves sexual abuse, the assigned investigator shall if medically appropriate or necessary to preserve physical evidence, offer the victim access to a medical forensic examination at no cost to the victim that is performed by a SAFE, SANE or medical professional who has been specifically trained to conduct medical forensic examinations. IIU.110.0011 states that when the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, the investigator will coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims.

The availability of these services was confirmed by the Auditor with the Medical staff and Mercy Medical Center. They indicated that there was a SANE/SAFE nurse available 24 hours per day and 7 days per week and there would be no charge to the victim for this exam. Medical staff at the facility do not conduct forensic examinations. This was confirmed by the HSA and PREA Compliance Manager.

The YDC reported on the PAQ that during the previous twelve months there were zero forensic medical exams conducted. Interviews with staff confirmed there were zero inmates transported to the local hospital for a forensic examination.

DPSCS Operating Procedure indicates they will make a victim advocate from a rape crisis center available to an inmate victim of sexual assault upon request.

OPS.050.0001 and OPS.200.0005 state if requested by the victim and services are reasonably available, the investigator shall have one of the following accompany, for the purpose of support, the victim through the forensic examination and investigatory interviews; a qualified victim advocate; a Department employee who is not otherwise involved in the incident and has received education and training concerning sexual assault and forensic examination issues or has been appropriately screened and determined to be competent to serve in this role; or a non-Department community-based organization representative that who meets the criteria for a Department employee. IIU.110.0011 states that if the victim requests, the investigator will coordinate with the managing official or designee, to arrange for a victim advocate to accompany the victim to provide support for the victim through the medical forensic examination and investigatory interviews. Policy also states that if requested by the victim, the investigator shall permit a victim advocate to be present during the interview with the victim.

The YDC, through DPSCS has an agreement with MCASA to provide services to the facility. They are available to serve as a victim advocate to victims of sexual assault at the YDC. MCASA is available to provide an advocate to accompany and support the victim through the forensic exam process, if requested and shall provide any needed or requested emotional support or crisis intervention services. DPSCS Operating Procedure stipulates these services are available. The auditor conducted a telephone interview with an advocate at MCASA and verified the availability of these services.

The advocate stated that all advocates have had PREA training and are screened to ensure they do not have a history of perpetrating sexual violence.

The auditor reviewed the MCASA website and confirmed that they provide crisis intervention, counseling and referral. The information also confirms that they provide individual, group and family psychotherapy. The auditor also reviewed documentation that the PREA Coordinator completed training and can provide services to victims as qualified staff member victim advocates, if needed. The interview with the PCM confirmed that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member provides emotional support, crisis intervention, information and referrals to inmate victims of sexual abuse. He stated that DPSCS attempts to make a victim advocate available from a rape crisis center at the Department level.

There were no inmates who reported sexual abuse during the on-site portion of the audit.

There have been no requests for an advocate at YDC during this review period.

Per the PAQ, the agency is responsible for both administrative and criminal investigations.

	After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. Maryland Correctional Services Annotated Code 10-701 (Annotated Code of Maryland) 3. IIU.110.0011 – Investigating Sex Related Offenses 4. OPS.050.0001 – Sexual Misconduct – Prohibited 5. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 6. OSPS.020.0027 – PREA Investigations – Tracking and Review 7. Review investigative files for allegations of sexual abuse or harassment for the past 12 months 8. Website Interviews with the following: • PREA Coordinator • PCM • Investigative Staff • Random Inmates Findings: The DPSCS Operating Procedure is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation, if warranted. OSPS.020.0027 states that the Department’s Internal Investigative Division (IID) is the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IID. IIU.110.0011 states that the Department shall promptly, thoroughly and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. The PREA Compliance Manager, supervisors and Investigators work very closely together to ensure that all allegations of sexual abuse and harassment are

investigated promptly and thoroughly. If an offender alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will take the initial report and refer it to IID for further action. The Investigator coordinates with the PCM and supervisors to determine the course of action. The Warden and PREA Coordinator would also be notified. The IID conducts all PREA investigations for the YDC and the DPSCS and will be notified by the Investigator if there is suspected potential criminal charges. The IID investigators have the legal authority to arrest and place criminal charges on persons at the institution. During a targeted interview with an Investigator, they explained the investigative process. The facility staff will do the preliminary work and consult with IID to determine next steps.

If the SIU Investigator determines there may be insufficient evidence for prosecution, it is referred to the facility Investigator for an administrative investigation. The PCM confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. She stated that a Serious Incident Report (SIR) is filed initially and then it would go through the investigative process. IID will then assign a case and they will investigate it or they will have the facility Captain or Lieutenant investigate.

Per the PAQ, the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Per the PAQ, the agency policy is published on the agency's website and all referrals for criminal investigations are documented. The Annotated Code of Maryland 10-701 states that there is an Intelligence and Investigative Division in the Department and they are responsible for investigating alleged criminal violations committed by employees or the Department while on duty and alleged criminal violations committed by inmates, visitors, and other individuals that affect the safety and security of the Department's facilities or programs.

The auditor confirmed the DPSCS Operating Procedure is posted on the website under the PREA section.

Targeted interviews with the PREA Coordinator, Investigator, PREA Compliance Manager and Warden verified that all allegations of sexual abuse or harassment are investigated promptly and thoroughly. They described the process for investigations, which is a collaborative approach. According to the interviews, once an allegation is received, it is referred for investigation. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and takes steps to preserve any evidence. The on-duty supervisor would brief the PCM and initiate a call to the IID to begin an investigation. All reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PCM.

Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation to IID and notify the PREA Compliance Manager of all allegations. The PREA Coordinator maintains oversight of facility investigations.

	Per the PAQ, the YDC reports there have been zero allegations of sexual abuse or harassment in the past 12 months. Per the PAQ, there have been no allegations in the past 12 months that warranted referral for criminal investigation. Interviews with multiple staff confirm this information. DPSCS Operating Procedure requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution. Documentation of such is contained in the investigative reports. The auditor reviewed the DPSCS website and the agency policy is posted and publicly available. During an interview with the facility investigator, they verified that investigations that revealed criminal behavior would be referred for prosecution. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. DPSCS.020.0026 – Prison Rape Elimination Act 5. Annual Training 6. New Hire PREA Training 7. PREA Lesson Plan and PowerPoint 8. Review of Training Files 9. Interviews with Random Staff, PREA Coordinator, PCM, and Training Coordinator Findings: Per the PAQ, the DPSCS trains all staff on all required topics and elements of the standard. OPS.050.0001 and OPS.200.0005 state that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure each employee attends approved training related to preventing, detecting and responding to acts of sexual misconduct/sexual conduct. All employees attend the academy upon hire. All staff receive the Correctional Entrance Level Training Program Prison Rape Elimination Act (PREA) training. In accordance with the standard the DPSCS will train all employees who may have contact with offenders on:

- a. Its zero-tolerance policy for sexual abuse and sexual harassment
- b. How to fulfill their responsibilities under DPSCS sexual abuse and sexual harassment prevention, detection, reporting, and response procedures
- c. The offenders' right to be free from sexual abuse and sexual harassment
- d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- e. The dynamics of sexual abuse and sexual harassment in confinement
- f. The common reactions of sexual abuse and sexual harassment victims
- g. How to detect and respond to signs of threatened and actual sexual abuse
- h. How to avoid inappropriate relationships with offenders
- i. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders
- j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

The auditor reviewed documentation that indicates all YDC have completed annual PREA training.

The Auditor reviewed the training curriculum and verified it included all information and each element required by the standard. The Auditor reviewed the training rosters to verify and ensure all employees are receiving the training. During the pre-audit period, the Auditor reviewed the training documentation submitted by the facility. In addition, during the on-site portion of the audit, the auditor verified the training of staff, which includes contractors, by reviewing the training logs for all employees who had received training for the previous and current year, as well as individual training files.

Policy requires that all employees, contractors, and volunteers who have contact with inmates receive training. All staff receive the same training. The training is tailored for both male and female inmates. Staff are only provided training when they transfer to female only facility. Staff are provided additional training including Managing Female Offenders and Trauma.

The facility provides PREA training each year to all employees to ensure they remain up to date on the DPSCS policies and procedures regarding sexual abuse and harassment. Each employee completes this training annually during the required In-Service Training. In addition to taking a quiz on the information, each employee signs a verification acknowledging they have received and understand the information.

New staff are given PREA training during their orientation, before assuming their duties. All new staff sign a verification acknowledging they have received the information. This information is on Day 1 of their institutional orientation. During interviews with the PCM and Training staff, they confirmed that no employee is permitted to have contact with inmates prior to receiving PREA training during orientation.

	Based upon an interview with the training coordinator, all active employees at YDC have completed the required training. The auditor was provided with and reviewed copies of the agency's PREA curriculum, training logs, and training acknowledgement forms. The training curriculum meets all requirements of the standard. Random staff interviews indicate staff have received and understand the training received. The staff stated that they also receive a card and small notebook that has PREA information they can refer to when needed. Using the staff interviews, all employees recalled having annual PREA training. Many staff also stated that PREA related topics are often discussed in roll-call and they will frequently get PREA informational emails from the PREA Coordinator. Staff appear to understand their responsibilities regarding the standards. The staff are appropriately trained, and all documentation is maintained accordingly. PREA training is conducted on an annual basis during in-service, versus every two years as required by the standard. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. Volunteer Orientation Guide 5. A Guide to the Prevention and Reporting of Sexual Misconduct with Offender Brochure 6. Prison Rape Elimination Act (PREA) Correctional In-Service Training Program 7. Contractor Training Records 8. Volunteer Training Records (Volunteer Agreement and Acknowledgment of Orientation) Interviews with the following: • PCM • Contract Staff • Volunteers Findings:

The DPSCS Operating Procedure is written in accordance with the standard and requires that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

OPS.050.0001 and OPS.200.0005 states that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure each employee attends approved training related to preventing, detecting and responding to acts of sexual misconduct/sexual conduct. These policies indicate that employee means an individual assigned to or employed by the Department in a full-time, part-time, temporary or contractual position regardless of job title and includes a contractor; an intern, a volunteer and an employee with the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation and/or the Baltimore City Public Schools.

YDC ensures that all staff receive training regarding PREA. This training is required to be completed in person prior to contact with any inmates. The facility provides PREA training annually to each contract employee to ensure they remain up to date on the DPSCS policies and procedures regarding sexual abuse and harassment. All contractors and volunteers are required to attend pre-service training through the agency. The pre-service training includes the Prison Rape Elimination Act (PREA) Correctional In-Service Training Program. The Volunteer Orientation Guide provides detailed information on PREA, including the zero tolerance policy, definitions, the volunteer's responsibilities including reporting, warning signs, retaliation and sanctions.

The auditor reviewed a sample of training documents for contractors and found that the contractors had received PREA training. A targeted interview with a contract staff confirmed that they had received information on their responsibilities under the agencies sexual abuse and sexual harassment policies. The contract staff stated they receive PREA training annually and was able to articulate information from the training.

Per the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents.

The Auditor reviewed the training curriculum and verified it included all information required by the standard. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all contracted employees are receiving the training. All contractors and volunteers are required to attend pre-service training through the agency. The pre-service training includes the Prison Rape Elimination Act (PREA) Correctional In-Service Training Program. Additionally, the Volunteer Orientation Guide provides detailed information on PREA, including the zero tolerance policy, definitions, the volunteer's responsibilities including reporting, warning signs, retaliation and sanctions. New contractors and volunteers are given PREA training during their orientation before assuming their duties and sign a verification

	acknowledging they have received the information. During the document review, the auditor was able to verify that the contractors who had been trained were required to sign an acknowledgement that they had received and understood the PREA training. The auditor reviewed the files of newly hired contract employees and verified that the signed training acknowledgement form is retained in their files. In addition, during targeted interviews with Human Resource staff, they verified that training acknowledgements were retained in the files, which is a standardized process for DPSCS. The Auditor conducted with contracted staff. During targeted interviews with contract staff members, the interviewees told the auditor that they recalled having the PREA training and knew of the YDC's zero-tolerance policy against sexual abuse and harassment. In addition, they could articulate what to do if an inmate reported to them. When asked what would be the consequence if they violated the PREA policy, they stated they would be terminated and removed from the facility. Staff appear to understand their responsibilities regarding the standards. The YDC is providing training in accordance with the standard. The documentation is maintained accordingly. There was not a volunteer available during the onsite review of YDC. The auditor reviewed the training curriculum for volunteers and found that the information provided meets the requirements of the standard. All volunteer files reviewed contained confirmation of PREA training and included the Volunteer Confidentiality and Policy Agreement Training Certification verifying receipt and understanding of PREA training. The auditor interviewed the staff member responsible for the volunteer training and maintenance of the files. The staff member stated that the orientation process for volunteers included a video and PowerPoint and each volunteer signs an acknowledgement. The facility reports on the PAQ that there are 23 volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Volunteers and contractors all receive PREA training. Volunteer & contractor training is combined with their background clearance. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. YDC Completed PAQ
2. OEO.020.0032 – Limited English Proficiency (LEP) Policy
3. OPS.050.0001 – Sexual Misconduct – Prohibited
4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
5. OSPS.050.0011 – Americans with Disabilities Act of 1990, Title I & II
6. OPS.001.0008 – Inmate Handbooks
7. Intake & Reception Sheet
8. Detainee/Inmate Handbook
9. PREA Video
10. PREA Brochure/Acknowledgement
11. PREA Posters (English and Spanish)
12. Review of inmate training materials
13. Review of inmate training documentation
14. Sampling of inmate files comparing intake date, the date of initial screenings, and the date of comprehensive screening
15. Inmate Brochure and acknowledgement

Interviews with the following:

- PCM
- Random Inmates
- Intake Staff

Observations of the Following:

- PREA informational Posters throughout the facility in inmate housing and common areas
- Inmate Intake Process

Findings:

The DPSCS Operating Procedure is written in accordance with the standard. In accordance with policy, offenders receive information regarding the facility and agency's zero tolerance policy. This information, in the form of a brochure, along with the inmate handbook and informal posters, provides offenders with information regarding sexual abuse and assault, the agency's zero tolerance policy and how to report incidents of sexual abuse or harassment. OPS.001.0008 states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format the that inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules, and regulations for the incoming inmate. Policy states that a managing official shall ensure that an inmate newly assigned to a facility under the authority of the managing official receives a copy of the applicable inmate handbook, and if applicable, supplemental documents within seven days of the date the new inmate arrives at the facility and ensure the inmate signs a receipt for the inmate handbook.

The YDC PAQ reported that during the last year 40 offenders were committed to the facility and given PREA information at the time of intake, in accordance with the

standard. Targeted interviews with multiple staff indicated that this information is communicated to the offenders verbally and in writing upon arrival at the facility.

Offenders will receive a PREA brochure upon intake that advises the inmate of their right to be free from sexual abuse and sexual harassment, and various ways to report. Staff verify that inmates understand the information and would identify any inmates that may need an accommodation to fully participate in the PREA program at YDC. Inmates will sign an acknowledgement of receipt that is maintained in their file. The brochure contains information about the zero-tolerance policy and reporting information. Per the PAQ, 15 inmates received at YDC in the previous 12 inmates were at the facility for 30 days or more. However, all inmates received were given the comprehensive PREA education.

The auditor observed PREA signage in all facility locations, and notification of the agency's zero tolerance policy. Staff told the auditor that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explain to the newly committed inmates that they could report any instances of abuse or harassment to staff and/or use the inmate telephone system to report abuse to the listed hotline. The PREA brochure information is explained to the inmates upon arrival at the facility. The auditor was not able to observe the intake process for a new arrival due to the facility not receiving any new intakes during the onsite review. However, the intake staff did simulate a new intake. The staff was very thorough in explaining the PREA related information.

During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates receive the PREA brochure, the MCASA brochure and the Detainee/Inmate Handbook. Inmates can also watch the PREA video while in the bullpen awaiting processing. Additionally, the Intake and Reception Sheet is posted in intake and around the facility. A review of the Intake and Reception Sheet confirmed that it includes information the zero-tolerance policy, methods to report sexual abuse and sexual harassment and information on access to outside confidential support services. A review of the Inmate/Detainee Handbook confirmed that it includes information on the zero tolerance policy, rights under PREA, reporting methods (including the hotline) and victim advocacy contact information. The MCASA brochure includes information on victim advocacy including contact information and the PREA brochure is the brochure provided to contractors and includes information on zero tolerance, definitions and maintaining boundaries. The interview with the intake staff member confirmed that inmates are provided information related to the agency's sexual abuse and sexual harassment policies. The staff member stated that inmates watch the PREA video and are given pamphlets. He indicated that the video is on a loop in the bullpen and are able to watch the video on the loop. He further stated that the brochures are given during the initial risk screening and include PREA information.

OPS.050.0001 and OPS.200.0005 state that the head of a unit, or designee, responsible for the custody and security of an inmate, shall ensure that Department and agency policy prohibiting sexual misconduct and inmate on inmate sexual conduct, procedures for filing a complaint and inmates rights related to sexual

misconduct and inmate on inmate sexual conduct are effectively communicated to an inmate: as part of the orientation process; by including in the facility's inmate orientation paperwork; and the facility's inmate handbook.

Interviews with 16 inmates indicated that all inmates had a comprehensive PREA education and watched the video when meeting with the case manager.

A review of inmate files of those inmates interviewed indicated that they received comprehensive PREA education within the required 30 day timeframe.

Interviews with intake staff verified that inmates, including any transferred from another facility, are given the same PREA orientation. Further questioning revealed that inmates who were LEP would be provided the orientation using a language telephone interpreter service or a Spanish speaking staff would be utilized, if available. For offenders that are visually impaired, a staff member would read the information to the offender. The video also has printed subtitles for the hearing impaired. Staff would assist any other disabled or impaired inmates that needed assistance, such as intellectually limited inmates. Information in multiple formats was available throughout the facility. Targeted interviews with staff indicated that the facility will make needed accommodations for identified inmates with disabilities. This was confirmed by the PREA Coordinator. The Auditor observed PREA informational posters in all offender housing areas, intake, and public areas. The posters were very prevalent in all areas of the facility.

OPS.001.0008 states that the Department shall provide each inmate housed in a Department correctional or detention facility an inmate handbook in a format the that inmate is able to understand that supplements the orientation process by providing reliable information on programs, services, rules and regulations for the incoming inmate. Policy states that a managing official shall ensure that an inmate newly assigned to a facility under the authority of the managing official receives a copy of the applicable inmate handbook, and if applicable, supplemental documents within seven days of the date the new inmate arrives at the facility and ensure the inmate signs a receipt for the inmate handbook. Additionally, OPS.200.0005 states that Department and unit policy prohibiting inmate on inmate sexual conduct, procedures for filing a complaint, and inmate rights related to inmate on inmate sexual conduct are effectively communicated to each inmate as part of inmate orientation; by including in the facility's inmate orientation paperwork and the facility's inmate handbook. OPS.050.0011 states that to the extent possible, and according to federal guidelines, the Department shall make reasonable accommodations to enable qualified individuals with a disability access to: employment opportunities and public services, program or activities provided by the Department.

The DPSCS has available a statewide visual communication service (American Sign Language) available through: on-site interpretation, on-site CART, visual remote interpretation, and remote CART. The Special Management Offenders Lesson Plan outlines the challenges for inmates with disabilities and how to overcome the challenges.

There were no inmates identified as having a disability or LEP. This was confirmed

through a review of records and staff interviews.

Inmate interviews revealed that the inmates remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse. All inmates interviewed (16) stated they are aware of PREA and how to report.

OEO.020.0032 states that the Department shall take reasonable steps to ensure that LEP individuals receive meaningful access to programs and services, as appropriate. Policy states that employees have access to resources for providing language assistance services, including: contact information for on-site or telephone-based interpreters; certified bilingual employee registry and a process, such as language identification cards, for determining the language of a LEP individual. The policy also indicates direction on verbal language services including: utilizing a live or telephone-based interpreter, using a trained volunteer, using certified bilingual staff, or hiring employees with bilingual skills. Additionally, policy states that a unit shall ensure that the translation of vital documents into languages spoken by more than three percent of the overall population within the geographic area served by a Department unit.

The facility has translation services available through in-person translation with Ad Astra, Inc.; document translation via Schreiber, Inc. and over the phone translation with LanguageLine Solutions. The Limited English Proficiency Plan states that the Department must be able to access the language needs where three percent of the population in a certain geographical areas speak that language. The plan describes the three available methods of translation; telephonic, in-person and bilingual employee verbal translation. The Interpretive Services Flyer confirms that in-person translation with AdAstra Inc is available as well as over the phone translation through LanguageLine Solutions.

The auditor reviewed the inmate files for all 16 inmates that were interviewed.

Documentation reviewed showed that the inmates had received the comprehensive education within the 30-day timeframe as required by the standard. During the pre-audit phase, the auditor also reviewed documentation provided by the facility of numerous Inmate PREA acknowledgment forms for education provided.

The files contained documentation of the initial inmate PREA orientation and receipt of the brochure at the time of admission, as well as the comprehensive education.

All current offenders have received PREA training. Offender interviews indicate that the inmates remember receiving information upon arrival and viewing the orientation video. They have an awareness of PREA information and how to report.

As required by the standard, policy provides for education in formats accessible to all inmates. There are Spanish versions of all materials. For offenders that are visually impaired, a staff member would read the information to the offender. The information is also available in both English and Spanish. All other special needs would be handled in coordination with the PCM on a case-by-case basis.

Information in multiple formats was available throughout the facility. The Auditor observed PREA informational posters in all offender housing areas, intake, and

	medical. The inmate handbook is available and provided to all offenders. After a review, the Auditor determined that the facility meets the requirements of the standard. Corrective Action: None
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. IIU.110.0011 – Investigating Sex Related Offenses 5. Prison Rape Elimination Act (PREA) Specialized Training: Investigations 6. Review of Training Materials 7. Review of Training documentation 8. Review Training Curriculum for Specialized Training 9. Review of Training Certificates for Investigators 10. Review of investigative files 11. Interviews with PCM & Investigative Staff Findings: Agency policy is written in accordance with the standard. DPSCS conducts both administrative and criminal investigations and requires all investigators receive specialized training. DPSCS has 18 staff members who have received the specialized training to conduct sexual abuse investigations in a confinement setting. The IID conduct all criminal investigations, in addition to all administrative investigations where criminal charges could possibly be determined and any cases involving staff. OPS.050.0001 and OPS.200.0005 state that to the extent possible, but in every case where the allegation of alleged sexual misconduct or inmate on inmate sexual conduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting. IIU.110.0011 states that 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. Policy further states that at minimum the training will address: interviewing sexual abuse victims; using Miranda and Garrity warnings; sexual abuse evidence collection; and the criteria and evidence necessary to substantiate administrative action, and if

	appropriate, referral for criminal prosecution. The agency utilizes their own training for this standard; PREA Specialized Training: Investigations. A review of the training curriculum confirms that it covers techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. Documentation was provided showing that agency staff members received the specialized training. The interview with the investigator indicated he received specialized training related to conducting sexual abuse investigations in a confinement setting. He stated that they go through a six-month Police Academy and that they receive the specialized training there. He also stated they received annual PREA training during in-service. The Auditor verified the training for the investigators. Per the PAQ, there are 18 investigators currently employed who have completed the required training. The Auditor interviewed one of the agency investigators. He was able to articulate the aspects of the training received and appeared knowledgeable in the training, as well as conducting sexual assault investigations. The facility investigator stated that, if in the course of the investigation, it appeared that the conduct was criminal in nature and there could be criminal charges involved, the allegation would be referred for prosecution. The Auditor reviewed the training records for the investigators and verified that they had received the specialized training. In addition, the investigators complete periodic refresher training for which the auditor viewed documentation. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. Prison Rape Elimination Act Audit Manual 3. Corizon Health Site Staff Orientation Clinical Module – PREA & Corrections 4. DPSCS 020.0026 5. J-F-06.00 – Response to Sexual Abuse 6. MHM Policy

7. Review of Training Materials
8. Review of Training documentation
9. Interviews with Training Coordinator and Medical Staff

Findings:

DPSCS Operating Procedure requires that all staff members receive PREA training in accordance with standard 115.31. Further, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training.

The policy requires that the mental health and medical staff receive additional specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively to victims of sexual abuse and harassment and to whom to report allegations or suspicions of sexual abuse or harassment.

The YDC employs contract medical and mental health providers. Per the HSA, all medical and mental health employees are required to complete all training required by DPSCS in accordance with policy.

The Prison Rape Elimination Act Manual states that the Department shall ensure that all full-and part-time medical and mental health care practitioners who work regularly in its facilities have be trained in: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment. The training is conducted via the Corizon Health Site Staff Orientation Clinical Module – PREA & Corrections training. A review of the training curriculum confirmed that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment.

All the medical and mental health staff received the specialized training as evidenced by documentation provided by the staff and reviewed by the auditor.

During the on-site portion of the audit, the auditor reviewed the training logs provided by the staff and verified that all the current employees had received the required training. During targeted interviews with the HSA and other medical and mental health staff, they stated they received PREA training upon orientation. In addition to the annual PREA training required by the DPSCS, all medical and mental health staff complete additional training related to healthcare and PREA.

Per the PAQ, there are 5 medical and mental health care practitioners who work regularly at this facility who received the training required by DPSCS Operating Procedure.

OPS.050.0001 states that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure each employee attends approved

	training related to preventing, detecting, and responding to acts of sexual misconduct. The policy indicates that employee means an individual assigned to or employed by the Department in a full-time, part-time, temporary, or contractual position regardless of job title and includes a contractor; an intern, a volunteer and an employee with the Maryland Department of Education, Maryland Department of Labor, Licensing and Regulation and/or the Baltimore City Public Schools. Targeted interviews with the HSA verified that every employee is required to participate in PREA training in accordance with 115.31 and that training is documented. In addition, medical and mental health staff receive specialized training that covers all aspects of the standard. The auditor verified this training had been completed. The HSA maintains documentation of training for all contract medical and mental health staff. The medical staff at YDC do not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted at the local hospital by SANE nurses. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.200.0006 - Assessment for Risk of Sexual Victimization and Abusiveness 3. PREA Intake Screening Form 4. Inmate Assessment and Reassessment Documents 5. Sampling of Random Inmate Files Interviews with the following: • PREA Coordinator • Random Inmates • PCM • Case Managers Observations of the Following: • Inmate Intake Process Findings:

According to DPSCS Operating Procedure, all inmates shall be assessed upon their admission to the facility and reassessed no later than 30 days after admission to the facility. The policy is written in accordance with the standard and includes all the required elements. OPS.200.0006 states that the Department shall use a screening instrument as part of the intake and facility transfer process and other times deemed appropriate to assess each inmate's risk for being sexually abused or sexually abusive toward others. Policy states that the PC shall ensure that each managing official designate sufficient intake, custody, or case management staff to assess each inmate for risk of sexual victimization or potential abusiveness within 72 hours of arrival at the facility. The PCM is responsible to ensure facility staff conduct the required screening at intake or transfer into the facility. The risk screening is conducted at intake in a private office setting to allow for confidentiality.

During the site review, the auditor was not able to observe the admission and classification process for a new inmate due to the facility not receiving any new intakes during the onsite review. However, the auditor spoke with multiple staff who explained the initial intake process. Upon arrival at the facility, inmates are informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. Interviews with various staff verified that within 72 hours of admission, all inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior. This is typically done on the same day as arrival. The assessment is conducted using the "PREA Intake Screening" form during the inmates' initial arrival at YDC. During interviews with random inmates, most all remember being asked some PREA related questions during their admission process.

The auditor requested follow-up documentation for the inmates interviewed and verified that all the inmates had been given an initial risk screening within 72 hours of arrival at the facility.

Three inmates interviewed stated that they remember the questions, but were given a "form" to fill out the answers, indicating that the intake officer was not verbally asking the questions. A discussion with facility staff determined that it was most likely night shift officers. It was discussed that a reminder email and additional training would be done for officers on that evening shift to ensure the risk screening was being completed correctly.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at YDC. OPS.200.0006 states that the PREA Coordinator shall ensure that a screening instrument is used to objectively assess an inmate's risk of sexual victimization. The DPSCS uses an objective screening instrument that is standardized for DPSCS. The intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior

convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; and (9) The inmate's own perception of vulnerability. The DPSCS does not hold offenders solely for civil immigration purposes. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to YDC, in assessing inmates for risk of being sexually abusive. According to the PAQ and DPSCS Operating Procedure, the PREA screening instrument shall include the required elements. Upon review of the screening instrument, the auditor determined that the screening instrument included all the required elements in accordance with the standard.

OPS.200.0006 states that the PREA Coordinator shall ensure that a screening instrument is used to objectively assess an inmate's risk of being sexually abusive that, at minimum, considers previous acts of sexual abuse; prior convictions for violence or sexual abuse; and history of prior institutional violence or sexual abuse, as known to the agency, in assessing offenders for risk of being sexually abusive. A review of the PREA Intake Screening indicates that inmates are asked six questions related to risk of abusiveness, including: do you have a history of violence crimes; do you have a history of domestic violence as perpetrator; do you have a history of administrative violations or institutional infractions for violent offenses; do you have a history of sex offenses with adults; and have you ever sexually assaulted another inmate while incarcerated.

According to the PAQ, 40 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PCM stated that a reassessment is completed any time there is an incident and/or based on a referral from a staff member. Interviews with additional staff also indicated that an inmate's risk level is reassessed based upon a request, referral, or incident of sexual assault.

Within 30 days from the inmate's arrival at YDC, staff reassesses all inmates' risk of victimization or abusiveness based upon any additional, relevant information received by YDC since the intake screening. OPS.200.0006 states that the PC shall ensure that case management staff reassess each inmate within 30 days of the inmate's arrival at the facility for risk of victimization or potential for abusiveness based upon additional, relevant information received by the facility since the initial screening. This is completed on the PREA Intake Screening form and by policy is completed within 30 days after the inmate's arrival at the facility by case management staff. Staff meet with the inmate and document the reassessment at the bottom of the form.

Inmates are not disciplined for refusing to answer, or for not disclosing complete

information in response to, questions asked. OSP.200.0006 states that an inmate is not disciplined for refusing to answer or not disclosing complete information in response to screening questions related to: the presence of a mental, physical or developmental disability; the inmate being or perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; previous sexual victimization; or the inmate's own perception of vulnerability. Staff responsible for risk screening confirmed that inmates are not disciplined for refusing to answer any of the risk screening questions. The staff stated there is an option of the form to indicate the inmate refused to answer. According to targeted interviews with the staff, there have been no instances of inmates being disciplined for refusing to answer screening questions.

According to the PAQ, 15 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more. The case manager meets with each inmate to complete comprehensive education. While the case manager is asking the inmates about their perception of safety and completing a reassessment, she is not documenting this as required. Inmate interviews revealed that the inmates stated that they remember the case manager asking them questions and asking their perception of their safety. This was discussed with both the PCM and PREA Coordinator. The PC immediately implemented a corrective action plan and did a retraining with the Case Manager.

The auditor received additional paperwork to support compliance with the standard. Based on documentation received, the auditor feels that this issue has been sufficiently addressed.

YDC has implemented appropriate controls on the dissemination within YDC of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Only authorized supervisory staff and those who perform housing, bed, work, education, and programming assignments can access the PREA Assessment. Officers can see an alert on the screen that identifies an inmate classified as a high-risk victim or high-risk abuser to prevent them making housing or work assignments that places the inmate at risk of victimization or abusiveness. OPS.200.6000 states that the PC shall ensure appropriate controls are in place for facility dissemination of information collected during the screening to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. The interview with the PREA Coordinator confirmed that the agency has implemented appropriate controls of sensitive information to ensure information is not exploited. The risk screening information in the inmate's base file, which is limited to people that need to know, including case managers, higher level supervisors and medical/mental health. The information is maintained in the detainee's base file and that base files are not public information and have limited access. The interviews with the staff responsible for the risk screening confirmed that the agency has implemented appropriate controls of sensitive information and that the risk screening information is only accessible to the initial risk screening staff, case management and mental health care staff.

The Auditor interviewed staff who complete the screenings. The staff indicated that the risk screening is completed within 72 hours and the PREA risk assessment

	completed at the previous facility is reviewed. There is limited access to the PREA risk assessment. This screening is used for housing and program decisions and referrals. The auditor reviewed this information and verified it is maintained with limited access. The auditor was provided a copy of and reviewed the screening form. Targeted interviews with staff, as well as the PREA Coordinator and PCM verified that risk assessments are performed within 72 hours of intake. The questions are asked and the answers are recorded by the staff on the risk assessment form. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented. In addition to documentation provided by the facility during the pre-audit phase, the auditor reviewed the inmate files for all inmates selected to be interviewed. The auditor reviewed their intake records and risk screenings to compare the admission date and the date of admission screening. The documentation reviewed indicated that inmates at YDC are receiving risk screenings within 72 hours of intake. The PCM, Case Manager and PREA Coordinator confirmed that 30-day reassessments are being completed on inmates. In addition to documentation provided by the facility during the pre-audit phase, the auditor also reviewed the inmate files for all inmates selected to be interviewed to determine if 30-day re-assessments had been completed. As discussed above, while the inmate interviews verify the case manager meets with each inmate and asks their perception of safety, the documentation is not being completed correctly. The counselors that complete the re-assessments are having a face-to-face meeting with the inmates. This issue was addressed by the PC and the auditor received documentation of such. Inmate interviews revealed that while not all inmates remember being asked the screening questions a second time, they do remember meeting with their counselor and the counselor following up within a couple weeks after they arrived to ensure that they had not had any issues and felt safe in the facility. After a review, the Auditor determined the facility substantially meets the requirements of the standard. Corrective action: None
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.200.0006 – Assessment for Risk of Sexual Victimization and Abusiveness

3. Housing Assignments of Inmates at Risk of Sexual Victimization and/or Sexual Abusiveness

4. LGBTI Housing Assignments

5. Review of Screenings

Interviews with the following:

- PCM
- Classification Staff
- Records Staff
- Inmates identified as HRSV, Transgender, Gay or Bisexual

Observation of the following:

- Site review of inmate housing units

Findings:

The DPSCS Operating Procedure requires that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. OPS.200.0006 states that the Department shall appropriately apply information obtained from assessing an inmate's risk related to sexual victimization and abusiveness to decision concerning areas, such as housing, programming, treatment and work assignments in order to minimize circumstances that contribute to incidents of victimization and abusiveness. Policy further states that screening information shall be considered when making decisions related to housing, bed, work, education and program assignments with the goal of separating inmate who are determined to be a high risk of being sexually victimized from inmates who are determined to be at high risk of being sexually abusive.

The intake staff completes a risk assessment screening upon the inmate's arrival to the facility. The risk assessment is part of a standardized questionnaire called the PREA Intake Screening. Per the PCM, this tool assists in identifying inmate at heightened risk of sexual victimization and inmates at heightened risk of being sexually abusive. The screening is typically completed within a few hours of arrival at YDC but later than 72 hours after intake or transfer.

The case manager ensures information is entered in the electronic system so inmates identified at risk of victimization are not placed in a work, program, or education assignment with those identified as potential abusers. An inmate's own perceptions of their safety is considered when making classification decisions. The screening tool includes sections for the staff to document his/her own perceptions of the inmate.

Staff use this information to make recommendations on housing, bed, work, program assignments and referrals with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Classification records indicate facility staff make individualized considerations to ensure each inmate is housed safely in the facility. Targeted interviews with staff verify these practices.

Per the PAQ the agency/facility makes individualized determinations about how to ensure the safety of each inmate. OPS.200.0006 states that screening information

shall be considered when making individualized determinations on how to ensure the safety of each inmate.

Per the PCM, the alerts are visible to designated staff on the inmate's profile. Staff review each inmate's alerts, information, and history and makes a compatibility assessment prior to and when making housing decisions. A targeted interview with the PCM confirms these practices. Inmates at high risk of sexual victimization and inmates at high risk of sexual abusiveness will not be housed near each other.

When an inmate is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the staff member conducting the screening to enter the results and make appropriate referrals.

All housing at YDC is single cell.

Per the PAQ the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. OPS.200.0006 states that screening information shall be considered when decision 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 ensures the inmates health and safety and present management or security problems. The PCM indicated that transgender and intersex inmate housing is on a case-by-case basis. He confirmed that housing and placement would consider the inmate's health and safety as well as any security or management problems the placement may present.

DPSCS Operating Procedure requires that the agency will consider housing for transgender or intersex inmates on a case-by-case basis to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other inmates. OPS.200.0006 states that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. Policy states that a transgender or intersex inmate's own views with respect to personal safety shall be seriously considered. The interviews with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. The risk screening staff stated that this is part of the risk screening. They are asked if they fear being placed in general population.

OPS.200.0006 states that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. During the site tour, the auditor reviewed all inmate housing units.

The auditor observed that all showers were single person showers with a solid door. The PCM confirmed that transgender and intersex inmates are afforded the opportunity to shower separately and provided a time to shower once a day.

	There were no transgender inmates at YDC during the onsite review. None have been held in the last 12 months. Offenders would be able to shower separately by request during count. Interviews with facility administration corroborate these practices would be enforced. OPS.200.0006 states that lesbian, gay, bisexual, transgender or intersex inmates may not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates. Staff are aware of their responsibilities should they receive a transgender inmate regarding this standard. Interviews with facility staff indicate that placement of any transgender or intersex offenders is made on a case-by-case basis. LGBTI offenders are not placed in dedicated housing areas. Interviews with staff confirm this practice would not occur. The auditor conducted informal discussions with inmates during the site review and no inmate mentioned being housed according to their sexual preference or identity. The auditor conducted targeted interviews with staff. The auditor was informed that inmates' housing was based upon objective finding and LGBTI inmates were not placed in dedicated units. Targeted interviews with LGBTI inmates verified that the YDC does not place inmates in dedicated housing units. A review of the roster indicated that identified LGBTI inmates are in different areas throughout the facility. YDC was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates. Agency policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year to review any threats to safety and a transgender inmate's views with respect to his or her safety will be given serious consideration. The case management staff meets with each transgender inmate bi-annually to ensure there are no issues and assess the inmate's perception of their safety. The auditor was not able to review completed bi-annual housing/program reviews as there had not been any transgender inmates housed long enough at YDC to require such a review. The auditor recommends that refresher training is provided to case management staff regarding their responsibilities regarding this standard in the event they were to house a transgender inmate long enough to require a biannual review. After a review, the Auditor determined the facility substantially meets the requirements of the standard. Corrective Action: None
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. YDC Completed PAQ
2. Prison Rape Elimination Act Audit Manual (PREA Manual)
3. OPS.200.0006 – Assessment for Risk of Sexual Victimization and Abusiveness
4. Case Management Manual, Chapter 17 – Special Confinement Housing

Interviews with the following:

- PCM

Findings:

In accordance with agency policy, YDC does not place inmates who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. Agency policies are written in accordance with the standard and cover all mandated stipulations. According to the PAQ, there have not been any instances where inmates at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers. According to targeted interviews with staff who supervise inmates in restrictive housing, they are not aware of a case where an inmate was placed in restrictive housing due to being at high risk for sexual victimization.

The PREA Manual states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

OPS.200.0006 states that placement of an inmate in special confinement housing shall be in accord with provision for special confinement housing established in the Case Management Manual. The Case Management Manual, section 17, Special Confinement Housing describes procedures for protective custody. The manual states that protective custody housing is appropriate only when required for the protection of the inmate. Every effort shall be made by case management staff and the managing official to find suitable alternatives to protective custody housing. These may include, but are not limited to: transfer of the inmate to a different housing unit within the institution; lateral transfer of the inmate to another institution of the same security level; transfer of the inmate's documented enemy or enemies to another institution; transfer of the inmate to another state under the provisions of Interstate Corrections Compact; or assignment to home detention, if eligible. The Manual also states that an inmate may be placed in administrative segregation in response to a potential threat to the safety, security and good order of the institution, and if there is reason to believe such placement will reduce that threat. Examples of situations that warrant the placement of an inmate on administrative segregation include; pending consideration for protective custody; pending an investigation; for medical or mental

health reasons; and pending investigation into possible threats to the safety and wellbeing of the individual inmate. A case management team shall review the inmate's administrative segregation status within five working days of the inmate's placement on segregation and the team shall consider available alternatives to continued administrative segregation.

Information regarding designation as high-risk is maintained in the electronic system, accessible by authorized staff.

Staff are aware of the DPSCS Policy and their responsibilities regarding this standard.

Staff will conduct an immediate assessment and review available housing alternatives prior to placing inmates in Special Management Housing. Staff must assess all available alternatives and make a determination that no available alternative means of separation from likely abusers exists prior to placing an inmate at high risk of sexual victimization or an inmate who has alleged sexual abuse or sexual harassment in involuntary segregated housing.

YDC does not have segregated housing or a restrictive housing unit. Staff stated that if there was a need for separation, the youthful offender would be relocated and placed in a different room by themselves.

Staff indicate that an inmate identified as high risk would be moved to another housing location. A targeted interview with the PCM also verified that no inmates during the audit period have been identified as high risk of sexual victimization.

The agency policy states that if inmates were placed in restrictive housing for involuntary protective purposes, they would be permitted programs and privileges, work and educational programs and any restrictions would be limited. Further, the policy stipulates that such an involuntary housing assignment would not normally exceed 30 day and such a placement would be documented and include the justification for such placement and why no alternative can be arranged. According to the policy, if an inmate is confined involuntarily under these circumstances, the facility shall review the continuing need for placement.

The Case Management Manual, section 17, Special Confinement Housing states that an inmate assigned to administrative segregation shall be reviewed by the case management team at least once every 30 days (every seven days for the first 60 days, then every 30 thereafter). An inmate's protective custody status shall be initially reviewed upon arrival at the institution designated to house protective custody inmates and at least annually thereafter (every 30 days for ACA accredited facilities).

There were zero inmates who were segregated due to high risk of victimization or a reported allegation of sexual abuse and as such no interviews were conducted. Staff are aware of their responsibilities regarding this standard, including the need for a review every 30 day. There have been no instances that required action regarding this standard.

During the on-site portion of the audit, the auditor reviewed all the housing areas and

	had informal discussions with both inmates and staff. As verified by targeted interviews with staff, the auditor did not identify any inmates who needed housing for protective purposes for being a high-risk victim or having made an allegation. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. Detainee/Inmate Handbook 5. Intake & Reception Sheet 6. PREA Poster 7. Inmate Orientation 8. Site Review 9. DPSCS Website 10. Hotline Information Interviews with the following: • PREA Coordinator • PCM • Warden • Random Staff • Random Inmates Observation of the following: • Observation of informal interactions between staff and inmates • Observation of inmates using the telephone system • Observation of Information Posters inside the housing units, adjacent to telephone and in the booking area Findings: The DPSCS Operating Procedure designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. Policy is written in accordance with the standard. OPS.050.0001

and OPS.200.0005 state that the head of the unit, or designee, responsible for the custody and security of an inmate, shall ensure that procedures are in place that eliminate barriers that would prevent or inhibit an individual from reporting alleged sexual misconduct and inmate on inmate sexual conduct to any one or all of the parties listed under 05E(4) of this directive. Section 05E(4) states that to effectively reduce actual or implied barriers to filing a complaint, an individual may file a complaint of sexual misconduct or inmate on inmate sexual conduct with any one or all of the following without regard to chain of command or assignment: an employee, supervisor, manager, shift commander, head of a unit, IID, inmate grievance officer, Office of the Attorney General or other private or public office able to receive and immediately forward the complaint of alleged sexual misconduct to the Department. OPS.200.0005 of the policies further state that a complaint of alleged sexual misconduct or inmate on inmate sexual conduct can be filed by the victim; an individual with knowledge of an incident or through a third party on behalf of the victim or other individual who has knowledge of the alleged sexual misconduct. It further states that a complaint can be submitted in writing or verbally and the complainant may remain anonymous. Policy states a complaint of alleged sexual misconduct received anonymously shall be accepted and processed the same as a complaint received from an identified source.

The auditor reviewed the inmate handbook and found that inmates are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the inmate telephone system to make a report to the PREA hotline. There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports within or external to DPSCS, and third-party reports. This information is received by offenders at intake in both written and verbal form, contained in the inmate handbook and on informational posters in all offender housing areas, intake, and various other locations throughout the facility. Operational practice at YDC is consistent with the DPSCS Operating Procedure. Informational posters are prevalent and prominent in all areas of the facility.

During random staff interviews, staff stated that inmates could make a PREA report to any staff member, write a note, have a friend or family member report for them, or call the hotline. During the site review, the auditor observed reporting information adjacent to all inmate telephones. Random offender interviews revealed that the inmates are aware of the reporting methods available to them. All were able to verbalize at least one reporting method.

The DPSCS does not hold inmates solely for civil immigration purposes.

Staff interviews revealed that they are aware of their responsibilities regarding reporting, and would accept and immediately act on any information received, regardless of the source. All staff that were interviewed acknowledged their duty to report any PREA related information. Information on how to report on behalf of an inmate is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another inmate. Verbal reports are required to be promptly documented on an Internal Incident Report.

DPSCS Operating Procedure provides a requirement that inmates have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. Offenders can report outside the YDC, by phone, using the established hotline. This information is in the inmate handbook, posted by the phones and on the brochure the inmates receive at intake. During the site review, the auditor observed PREA informational posters and placards prevalent in the facility with the Hotline information where reports can be taken and referred for investigation.

Inmates are advised that they can make a free, confidential call to the PREA Hotline on any inmate telephone. After leaving a message the call is screened by an operator from an outside agency that is not part of the DPSCS. The documents further advise the inmates that they can report anonymously, but doing so will make the complaint more difficult to investigate. The outside entity that screens the calls and forwards the information to IID is the Life Crisis Center. Once IID receives the information, they initiate an investigation and have full arrest power and investigative authority.

There were no allegations of sexual misconduct during this review period.

The Auditor verified the availability of the hotline by making a test call to the external hotline. The report was immediately received for the external call and logged. The auditor received documentation of this report the same day from the PC in the form of an email with a copy of the voicemail. An email response from Life Crisis Center verified the availability hotline and their ability to take reports.

Policy and the inmate handbook stipulate that 3rd party reports of sexual abuse or harassment will be accepted verbally or in writing. Random inmate and staff interviews revealed that the staff and inmates are aware that third party reports will be accepted and treated just like any other reports, with an investigation started immediately.

Targeted interviews with multiple staff verified that there are numerous ways to make PREA complaints by both staff and inmates, including the use of the inmate phone system, anonymous letters, as well as third party reporting by family and friends. The auditor reviewed investigative files for the allegations of sexual misconduct within the last year. There were a variety of methods used by the inmates for reporting.

Policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff and responded to immediately. During targeted interviews with staff, the staff indicated that if an inmate reported an allegation of sexual abuse or harassment, they would notify their supervisor of such an allegation and immediately intervene by separating the victim and alleged perpetrator. Each staff member stated that they would act without delay. They would accept a verbal complaint and would be required to make a written report of the incident.

Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, investigative staff, or unit head. Staff can also report sexual abuse or harassment through any of the outside methods available to the inmates. Staff members are informed of this provision during PREA training and

	policy. Staff interviews revealed that they are aware they can go directly to facility administration, including the PCM to report sexual abuse and harassment of inmates. Most all staff that were interviewed stated that they would report any such incident to their supervisor. After a review, the Auditor determined that the facility meets the requirements of the standard Corrective Action: None
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. COMAR 12.02.28 – Administrative Remedy Procedure (ARP) 3. Grievance Log 4. Inmate Handbook 5. Staff Interviews Findings: The PAQ indicated that the agency does not have an administrative procedure for dealing with inmate grievances of sexual abuse. The Department does not address sexual abuse through the inmate grievance process, rather they would assist the inmate with filing the allegation for investigation. A review of the grievance log confirmed that there were zero sexual abuse allegations reported via grievance. DPSCS does not have an administrative procedure to address inmate grievances regarding sexual abuse therefore is exempt from this standard. This is verified by the PAQ, memo from the PREA Coordinator and targeted interview with same. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. YDC Completed PAQ
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. Maryland Coalition Against Sexual Assault (MCASA) Brochure
5. Intake & Reception Sheet
6. PREA Poster
7. Inmate Handbook and Website
8. Hotline Information
9. PREA Manual

Interviews with the following:

- a. PCM
- b. Random Inmates
- c. Random and Targeted Staff
- d. Mental Health and Medical Staff

Observations of the Following:

- a. PREA informational Posters throughout the facility and public areas

Findings:

DPSCS Operating Procedure is written in accordance with the standard. Policy states that the Department will provide services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential manner as possible. A review of the MCASA Brochure, the Inmate Handbook, the Intake & Reception Sheet and PREA Posters posted in the facility confirmed that inmates are advised that they have access to outside advocates for emotional support services. The documents included the addresses and phone numbers to local, state, and national rape crisis centers. The documents further indicated that telephone calls to the agencies may be monitored, however written communication would remain confidential.

Per the PAQ, the facility provides inmates with access to local, state, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers. The policy requires reasonable communications between inmates and those organizations and agencies, in as confidential manner as possible. The YDC informs inmates of the extent to which these will be monitored prior to giving them access. Staff interviews indicate they are aware of their obligations under this standard.

The auditor reviewed the YDC handbook, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed posted information that notifies inmates of the availability of these services, in both Spanish and English.

While there is no MOU in place with MCASA, advocates will still offer services to incarcerated individuals. A conversation with MCASA staff revealed that there is a statewide PREA Helpline that incarcerated individuals can access to make free, confidential calls to trauma-informed sexual assault advocates. Advocates are available to provide support, resources, reporting, referrals, crisis intervention and counseling. Upon request they would offer advocacy and hospital accompaniment.

Policy states that each Department facility shall inform inmates, prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

DPSCS requires that inmates and staff are allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform inmates of their limits of confidentiality. Targeted interviews with medical and mental health reveal they are aware of their obligations to inform the inmates of the limits of confidentiality. The auditor reviewed documentation that verified this is being relayed to the inmates.

Inmates are informed of the services available at intake. YDC provides all inmates information regarding victim advocacy services upon intake (same day) and during facility orientation. The information is provided in written form and provided to the inmate verbally. Inmates are also made aware of the 24/7 crisis line that is available to them as part of the victim advocate service. Inmate interviews indicated that some of the inmates are aware of the outside services that are available to them. Inmate interviews revealed that inmates are generally aware of services, but not any specifics. Many inmates stated they had not needed any such services but that they were probably available.

The information is listed in the brochure that is provided to the inmates, as well as the inmate handbook. During the site review, the auditor observed mail drop boxes in various locations. An interview with staff revealed that outgoing mail is not opened or searched (without documented cause) and there are no restrictions on inmates sending mail to external reporting entities, outside emotional support services, and/or legal mail.

There were no inmates at YDC that have made an allegation of sexual abuse. No advocacy services have been requested during this review period.

The auditor verified the availability of services with MCASA staff, as well as facility psychology staff. The agency has an agreement with MCASA for services.

There have been no inmates detained solely for civil or immigration purposes.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. DPSCS OPS.050.0001, OPS.200.0005 3. Inmate Handbook 4. DPSCS Website 5. Staff Interviews 6. Inmate Interviews Findings: The DPSCS Operating Procedure is written in accordance with the standards, stipulating that all third-party reports will be accepted and investigated. Policy states that the Department shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. Policy indicates that a complaint of alleged inmate on inmate sexual conduct may be submitted by a third party or other individual who has knowledge of the conduct. The YDC publicly provides a method for the receipt of third-party reports of sexual abuse or harassment through the DPSCS website. The Auditor reviewed the DPSCS website. The website (https://dpscs.maryland.gov/prea/index.shtml) has information on its PREA page that contains information about PREA and their responsibilities for criminal and administrative investigations. It also contains contact and reporting information should any one wish to report an incident of sexual abuse or harassment on behalf of an inmate. Third parties can report by calling the Internal Investigative Division Complaint Number or by calling or emailing the PREA Coordinator. The website states that the Department's Internal Investigative Division is in charge of all PREA related investigations and will accept complaints from any concerned individual. YDC's Inmate Handbook, which is provided during the intake process includes a section with PREA information that informs inmates that they can report sexual abuse and sexual harassment by calling the confidential reporting hotline and anyone on their behalf at the facility can report. They are also provided the agency's Zero Tolerance pamphlet upon arrival. The brochure informs inmates they may ask a family member or friend to report an allegation for them. Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff, including supervisors, indicate they will accept a third-party report from a family member, friend, or another inmate. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated thoroughly. This was also verified by the facility investigator.

	Offenders are provided this information at intake and offender interviews indicate that most are aware that family or friends or other offenders can call or write and report an incident of sexual abuse on their behalf. There were no allegations of sexual abuse or harassment in the past 12 months. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. IIU.110.0011 – Investigating Sex Related Offenses 3. OPS.050.0001 – Sexual Misconduct – Prohibited 4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 5. OPS.020.0003 – Reporting Serious Incidents 6. MD Family Law 5-704 7. Review of investigative files Interviews with the following: • Investigative staff • Warden • Random Staff • Medical and Mental Health Staff Findings: DPSCS Operating Procedures are written in accordance with the standard and requires all staff, contractors, and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. Agency policy requires all staff to report immediately any knowledge, suspicion or information related to retaliation, staff neglect or a violation of duties which may have contributed to sexual abuse or sexual harassment. Staff are required to report information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the DPSCS. Multiple policies cover the provisions of the standard. OPS.050.0001 and OPS.200.0005 state that an employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct or inmate on inmate sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander or head

of the unit followed by the appropriate written format used to document misconduct. OPS.200.0005 further states that an employee receiving a complaint of alleged sexual misconduct or inmate on inmate sexual conduct, shall immediately notify a supervisor, manager, shift commander or head of the unit of complaint. IIU.110.0011 states that an employee who observes or has knowledge of an incident, regardless of the source of the information, involving a sex related offense that occurs on Department property or in a Department vehicle shall notify the Internal Investigative Unit of the incident as soon as possible after the occurrence or the employee first becomes aware of the incident. OPS.020.0003 states that an employee involved in or with knowledge of a serious incident shall immediately, or when safe to do so, report the incident to the on-duty senior shift supervisor. Policy also states that before the end of the shift on which the incident occurred, the senior shift supervisor shall submit a preliminary serious incident report.

During the site review, random staff members interviewed were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All the staff members responded unequivocally that they were required to report any such instances immediately. The auditor also informally asked the same question of contracted staff, and they stated that they would report any instance of sexual abuse or harassment immediately to security staff. Interviews with staff indicate they are very clear regarding their duties and responsibilities about reporting PREA related information, including anonymous and third-party reports. Staff articulated their understanding that they are required to report any information immediately and document such in a written report. An interview with a facility volunteer confirms their understanding of their obligation to immediately report any PREA related information.

Policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. OPS.050.0001 and OPS.200.0005 state that an employee receiving a complaint of or otherwise has knowledge of alleged sexual misconduct or inmate on inmate sexual conduct shall immediately report the complaint to a supervisor, manager, shift commander or head of the unit followed by the appropriate written format used to document misconduct. OPS.200.0005 further state that information concerning a complaint of alleged sexual misconduct or inmate on inmate sexual conduct 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 or inmate on inmate sexual conduct and immediate and continued care of the victim.

During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All the interviewed staff stated that details related to either inmate allegations or staff allegations should remain confidential and they would only discuss details with supervisors and investigators. Targeted interviews with the PREA Coordinator, Investigator and PCM verified that all investigative files are maintained with limited access.

Policy requires that all medical and mental health personnel inform inmates of the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Interviews with medical and mental health staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality. Medical and mental health staff are aware of their responsibilities to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident. The auditor viewed documentation that shows that medical and mental health staff discuss limits of confidentiality with the offenders. Mental health staff stated that inmates are informed about limits of confidentiality and informed consent and acknowledge this at the initiation of mental health services, typically multiple times, as well as sign an acknowledgement of this which is retained in their file.

MD has mandatory reporting laws for those under eighteen and are required to report to the Department of Social Services. IID would do the investigation and report to the appropriate agency as a mandatory reporter. YDC houses youthful offenders under the age of eighteen. The staff and IID are aware of their obligations under this provision.

Targeted interviews with the PCM, as well as random staff interviews verified that all allegations of sexual abuse or harassment received from a third party are referred for investigation and immediately acted upon.

The DPSCS policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported to IID for investigation. Policy states that any verbal report or observance of sexual activity shall be treated as possible sexual abuse. Any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PCM in accordance with Paragraph II.G.6. All reports shall be investigated accordingly. Policy states that any alleged sexual abuse or harassment shall be reported through chain of command as an unusual incident in accordance with 01.12.105. All staff who observe the alleged abuse or harassment or to whom the initial report was made shall complete a DOC 0434 and may be required to be interviewed by an investigator or other staff designated by the Chief Administrative Officer prior to leaving the facility at the end of their shift.

There were no allegations of sexual assault or sexual harassment during the previous 12 months.

The Auditor reviewed agency training curriculum for staff, volunteers and contractors, which includes reporting of sexual abuse and sexual harassment allegations. Staff interviews verified that all YDC staff had received training and were well aware of their obligations to immediately report all allegations of sexual assault and harassment.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: Evidence Reviewed: 1. YDC Completed PAQ 2. Prison Rape Elimination Act Audit Manual (PREA Manual) 3. OPS.050.0001 – Sexual Misconduct – Prohibited 4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 5. IIU.110.0011 – Investigating Sex Related Offenses 6. PREA Card Interviews with the following: • PCM • Warden • Random Staff • Random Inmates Findings: DPSCS Operating Procedure is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. The PREA Manual states that when the Department learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. IIU.110.0011 states the IIU duty officer shall take immediate action to stop the misconduct; protect the victim from further harm, make sure appropriate medical attention is provided and notify the managing official or unit head. The PREA Card states that inmates determined to be at risk of imminent sexual abuse must be immediately protected. Potential victims must be separated from their abusers. Random interviews with staff, both security and non-security, indicate they are clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Staff were able to articulate the steps they would take and act immediately to protect the inmate. Staff indicated they would immediately remove the inmate from the situation, keep them separate and safe, and find an alternate place for them to stay or be housed pending an investigation or further action. Staff stated they would ensure the inmate was kept safe, away from the potential threat and in their sight at all times. An initial investigation would be completed by the supervisor. Targeted interviews with the Warden and the PCM confirmed that it is the policy of YDC to respond without delay when inmates are potentially at risk for sexual abuse or any other types of serious risk. Policy dictates that when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The

	Warden, PCM and security supervisors interviewed by the Auditor were knowledgeable of their responsibility for the protection of inmates identified as being at imminent risk of sexual abuse. Options include relocating the inmate to a different housing unit at the facility. These actions would be determined on a case-by-case basis and with the best interest of the inmate and their safety in mind. Mental Health staff shall consult and recommend housing interventions or other immediate action to protect an offender when it is determined the offender is subject to a substantial risk of imminent sexual abuse, or is considered at risk for additional sexual victimization. YDC reports in the PAQ that there have been no determinations made that an offender was at substantial risk of imminent sexual abuse. The PCM confirmed that YDC did not have any inmates determined by the facility to be subject to a substantial risk of imminent sexual abuse requiring immediate action during this audit period. All inmates that report an allegation are immediately separated from the alleged abuser and kept in staff sight at all times until the alleged abuser is secured. If the report is made to staff other than an officer, security staff would be notified immediately. The staff member that the inmate reported the allegation to would remain with the inmate and ensure their safety until security staff responded. The Auditor randomly reviewed files and talked with staff, both formally and informally, and found no evidence that an inmate was determined to be at imminent risk of sexual abuse. There have been no incidents that required action with regard to this standard. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. DPSCS OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. Notice of Incident Form 5. Investigative Reports Interviews with the following: • PCM

- Warden

Findings:

The DPSCS's policy is written in accordance with the standard and requires that if the Warden or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he/she must make notification as soon as possible, but no later than 72 hours after receiving the allegation. OPS.050.0001 and OPS.200.0005 state that if a complaint of alleged sexual misconduct or inmate on inmate sexual conduct is received by a supervisor, manager, shift commander or head of a unit at a facility other than the facility where the alleged sexual misconduct or inmate on inmate sexual conduct occurred, the managing official responsible for the facility receiving the complaint immediately, but not later than 72 hours of being notified of the incident shall: notify the managing official of the facility where the incident occurred (if occurred in another Department facility); notify the facility head or agency head responsible for the facility where the incident occurred and notify IID, regardless of jurisdiction for the facility where the incident occurred.

The facility utilizes the Notice of Incident form which includes the facility information, victim inmate information, notification date, offense date, date reported, a description of the incident and the notification method (telephone, email, fax or mail).

During this review period, the facility reported per the PAQ stated that there were zero allegations received that an inmate was abused while confined at another facility. According to targeted interviews with the Warden and PCM, if they receive such a notice, they would immediately report the allegation to the Warden or Administrator of the other facility and document such a notice. The Warden and PCM confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard.

The auditor reviewed documentation and confirmed there were zero inmates who reported sexual abuse that occurred at another facility.

YDC requires that if the Warden or designee receives notice that a previously incarcerated inmate makes an allegation of sexual abuse that occurred at the YDC, it would be investigated in accordance with the standards. OPS.050.0001 and OPS.200.0005 state an IID representative under 05E(6) of this directive and the facility where the alleged sexual misconduct or inmate on inmate sexual conduct occurred is a Department facility, shall follow up with the managing official responsible for the Department facility where the alleged sexual misconduct or inmate on inmate sexual conduct occurred to ensure that the complaint is addressed according to requirements established under this directive.

The YDC reported there have been no reports from another facility that an inmate claimed he/she was sexually abused while housed at YDC within this audit cycle. In the event such allegation is received, the Warden shall notify IID, who will ensure that an investigation is immediately initiated. Interviews with the Warden and PCM confirm the staff are aware of their obligation to fully investigate allegations received from

	other facilities. Further, interviews with the staff revealed that staff is aware of their obligations with regard to reporting. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. IIU.110.0011 – Investigating Sex Related Offenses 5. Review of Investigative Reports/Incident Reports 6. PREA Card 7. Interviews with Random Staff, PCM, Investigator Findings: The DPSCS Operating Procedure is written in accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted. OPS.050.0001 and OPS.200.0005 state that the first correctional officer responding to an incident of sexual misconduct or inmate on inmate sexual conduct shall: ensure the safety of the victim by immediately stopping an incident in progress and if necessary, arranging for separation of the victim from the abuser; immediately, if applicable, arrange for medical attention; preserve the scene of the incident; ensure the victim is advised not to do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating; and ensure the abuser does not do anything that would contaminate or destroy physical evidence such as bathing, brushing teeth, changing clothes, urinating, defecating, drinking or eating. IIU.110.0011 states the IIU duty officer shall take immediate action to stop the misconduct; protect the victim from further harm, make sure appropriate medical attention is provided and notify the managing official or unit head. It further states that if the proximity of the occurrence to the reporting supports ensure that the perpetrator is detained; witnesses are identified; the scene is protected to preserve evidence and the victim is advised against actions that would destroy evidence that

may be present on the victim's body or clothing.

A PREA Card is provided to each staff member and outlines first responder duties, including; separate the alleged victim and abuser, preserve and protect any crime scene, request that the victim not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, etc. and ensure that the alleged abuser does not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, etc.

The Auditor conducted interviews with staff first responders. Security first responders were asked to explain the steps they would take following an alleged sexual abuse reported to them. All staff interviewed said that they would notify their supervisor after separating the inmates and wait for further instructions. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditor was informed the scene would be preserved and remain so until the assigned Investigator arrived to process the scene.

There were no allegations of sexual assault or sexual harassment during the previous 12 months.

The Auditor conducted interviews with supervisory staff. The Auditor asked what the supervisor response and role would be following a report of sexual assault. The supervisor stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and a staff member posted to ensure no one entered the scene. The alleged victim would be taken to medical for treatment of any emergent needs. If needed, the inmate would be transported to the hospital for a SAFE. The supervisor stated the Investigator(s) would be the only ones allowed in the crime scene to process the evidence.

Policy requires that if the first responder is not a security staff member, the staff immediately notify a security staff member. OPS.050.0001 and OPS.200.0005 state that if the first employee responding to an incident of sexual misconduct or inmate on inmate sexual conduct is not a correctional officer, that employee shall immediately request that a correctional officer respond to the scene and perform duties identified under 05D(2)(a) and (b) of this directive for which the employee is officially qualified or authorized to perform. 05D(2)(a) and (b) are spelled out in provision (a) and are the required first responder duties. Per the PAQ, there were no instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. The Auditor conducted formal interviews with non-security personnel. Staff were asked what actions they would take following an alleged sexual abuse reported to them. Staff indicated they would ensure the victim remains with them and immediately inform an officer or supervisor. They would also request the victim not take actions to destroy evidence.

There were no inmates who had previously reported sexual abuse at YDC.

Medical personnel interviewed stated they would first ensure a victim's emergency

	medical needs are met. They stated they would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. Training records indicate that all staff, contractors and volunteers have been trained to appropriately respond to incidents of sexual abuse. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.65 Coordinated response	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. YDC.050.0031.1 – Sexual Misconduct -Prohibited 5. Interview with PCM, PREA Coordinator, Investigator, Medical Staff and Warden Findings: The DPSCS policy requires each agency develop a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. OPS.050.0001 and OPS.200.0005 state that a supervisor, manager, or shift commander shall ensure the safety of a victim of sexual misconduct or inmate on inmate sexual conduct, through a coordinated response to a complaint of sexual misconduct or inmate on inmate sexual conduct ensuring that continued personal protection is provided; medical and mental health care follow-up is conducted and non-medical or mental health related counseling and support services are offered. YDC.050.0030.1 is a facility specific directive related to responsibilities. The policy addresses duties and responsibilities for facility leadership, investigators, medical, the PCM and first responders. The interview with the Warden confirmed that the facility has a plan that coordinates actions among staff first responders, medical and mental health care practitioners, investigators and facility leadership. He stated that the plan directs staff to separate the victim from the abuser, send the victim to hospital for a forensic medical examination, notify IID to conduct the investigation, provide mental health for the

victim and provide other accommodations to help the victim get through the situation.

The Auditor reviewed the plans for YDC. The facility has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The YDC has a facility specific plan listing actions to be taken by staff for each type of sexual assault allegation to ensure that all aspects of the response are covered and nothing is missed. Many of the facility staff involved in responding to incidents of sexual abuse are also a part of the incident review team.

There were no allegations of sexual assault or sexual harassment during the previous 12 months.

There were no offenders incarcerated at the time of the onsite audit who filed an allegation of sexual abuse.

Per staff and a review of investigative reports, there have been no instances of reported sexual assault during this review period that required the first responder to preserve or collect physical evidence.

The auditor interviewed the Warden, an investigator, medical staff, mental health staff, security supervisors and the PCM, who all described the facility's coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. The initial investigation begins with the first responders and supervisors and then the assigned investigator(s).

Depending on the nature of the allegation, the investigation will either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided a forensic exam and ancillary services, as well as offered advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation.

Staff at YDC appear to be well-versed in their role and responsibilities in responding to allegations of sexual assault.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. Memorandum of Agreement (MOU) for Bargaining Unit H Interviews with the following: • Agency head Findings: The PAQ indicated that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Per the PAQ, both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. A review of the MOU for Bargaining Unit H indicates that the employer has the right to terminate the employee's employment. The interview with the Agency Head Designee confirmed that the agency has entered into or renewed collective bargaining agreements and that those agreements allow the Department to remove alleged staff abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. YDC Completed PAQ
2. OPS.050.0001 – Sexual Misconduct – Prohibited
3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
4. IIU.110.0011 – Investigating Sex Related Offenses
5. Retaliation Monitoring Form

Interviews with the following:

- PCM
- Warden

Findings:

The DPSCS's policy is written in accordance with the standard and states retaliation by or against any party, staff or offender, involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited. IIU.110.0011 states that when conducting an investigation of an incident involving a sex related offense an investigator shall determine if an individual has been the target of retaliation and if so investigate the circumstances of the retaliation. OPS.050.0001 states that an employee may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint or participates in the investigation or resolution of an allegation of sexual misconduct. OPS.200.0005 states an inmate may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint or participates in the investigation or resolution of an allegation of sexual conduct.

Retaliation in and of itself, shall be grounds for disciplinary action and will be investigated. Policy requires staff and inmates who report allegations of sexual abuse or harassment are protected from retaliation for making such reports. The PCM is designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days. Monitoring will also include periodic status checks. Policy states monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need and monitoring shall cease if the investigation determines that the allegation is unfounded.

OPS.050.0001 and OPS.200.0005 state that the head of a unit or 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 sexual misconduct/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: applicable medical or mental health services or counseling; changes to inmate housing assignments or staff work assignments and continued monitoring as deemed necessary.

The Auditor conducted a formal interview with the staff member responsible for monitoring retaliation. When monitoring retaliation, she reviews disciplinary charges, housing or programming changes, incident reports, and any other actions related to

the inmate, including documents maintained in the inmate's file and his electronic record. She stated that anytime anything changes she will look at those actions. The person responsible for monitoring retaliation will make referrals to medical and mental health as needed. The monitoring will also include periodic status checks and notations made on the Retaliation Monitoring Form.

OPS.050.0001 states that the head of a unit or 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 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: applicable medical or mental health services or counseling; changes to inmate housing assignments or staff work assignments and continued monitoring as deemed necessary.

The facility utilizes the Retaliation Monitoring form which has information related to the case number, individuals being monitored, the person conducting the monitoring and any preliminary protective measures taken. The form then has a table section for the date the monitoring occurred, the person conducting the monitoring, the check of housing changes, programming changes and disciplinary records as well as any negative interaction with staff or inmates. There were zero reported incidents of retaliation that have occurred in the previous twelve months.

Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation.

IJU.110.0011 states that when conducting an investigation of an incident involving a sex related offense an investigator shall determine if an individual has been the target of retaliation and if so investigate the circumstances of the retaliation.

OPS.050.0001 states that an employee may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint of or participates in the investigation or resolution of an allegation of sexual misconduct. OPS.200.0005 states an inmate may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint of or participates in the investigation or resolution of an allegation of sexual conduct.

The staff member responsible for monitoring confirmed that she initiates contact with the inmate who reported abuse immediately, two weeks after the reported incident and then 30 days, 60 day and 90 days after the reported incident. A review of investigative reports indicated there were four sexual abuse allegations reported, all of which were determined to be unfounded.

The PCM stated the monitoring period would be a minimum of 90 days, and longer if necessary. She stated that she will meet with the inmate as necessary. In the event the inmate cannot be protected at the facility, the staff can and will recommend a transfer.

In the case of an offender being retaliated on by staff, the administration would

	discuss staff assignments with the supervisor to ensure the staff member is not placed in an area where the inmate is housed. The inmate can also be transferred, if need be, at the request of staff. IJU.110.0011 states that when conducting an investigation of an incident involving a sex related offense an investigator shall determine if an individual has been the target of retaliation and if so investigate the circumstances of the retaliation. OPS.050.0001 states that an employee may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint of or participates in the investigation or resolution of an allegation of sexual misconduct. OPS.200.0005 states an inmate may not retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint of or participates in the investigation or resolution of an allegation of sexual conduct. The Administrative staff have the authority to move inmates around the facility or to request transfers to other facilities, or take other protective measures to assure inmates are not retaliated against. Inmates would not be held in Special Management unless requested by the inmate. In addition, the Warden has the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment. If any other individual who cooperates with an investigation expresses a fear of retaliation, the PCM will ensure that appropriate measures are taken to protect that individual against retaliation. There were no allegations of sexual assault or sexual harassment during the previous 12 months and therefore no examples of monitoring for retaliation provided by the facility. There were no inmates who had previously reported sexual abuse at YDC. The facility reported there were no incidents of retaliation in the last 12 months. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination:

	1. YDC Completed PAQ 2. Case Management Manual – Chapter 17 Interviews with the following: • PCM Observation of the following: • Observation of facility housing Findings: The DPSCS’s policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Agency policy prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a deter The PAQ noted there were zero inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 day. The PREA Manual, page 37 states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirement of Standard 115.43. The interview with the Warden indicated that the agency has a policy, however the facility does not have a segregated housing unit and thus this provision would not apply. YDC does not have a segregation or restrictive housing unit. During the onsite review, the auditor confirmed that the facility does not have a segregated housing unit. The Auditor was informed of and observed several areas in the facility to place sexual abuse victims to ensure they are protected from abusers. The auditor spoke with supervising staff and no one indicated that any inmates were assigned to specialized housing because of their sexual vulnerability. The facility has had no incidents that have required restrictive protective custody. Interviews with the supervisory staff as well as the PCM and Warden confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim’s allegation of abuse. There were no allegations of sexual assault or sexual harassment during the previous 12 months. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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Auditor Overall Determination: Meets Standard
Auditor Discussion
Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. IIU.110.0011 – Investigating Sex Related Offenses 5. Investigator Training Records Findings: The DPSCS Operating Procedure is written in accordance with the standard and states that all investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. OPS.050.0001 and OPS.200.0005 state that an IID investigator, or an investigator designated by the IID, shall conduct a prompt, thorough and objective investigation of every complaint of alleged sexual misconduct and inmate on inmate sexual conduct according to applicable statutory, regulatory, case law, contract, Department procedures, or other reasonably accepted standards. IIU.110.0011 states that the Department shall promptly, thoroughly and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution of the identified perpetrator. The agency conducts both administrative and criminal investigations of sexual abuse and harassment. The policy requires that investigations are responded to promptly. The YDC investigates all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. OPS.050.0001 and OPS.200.0005 state that to the extent possible, but in every case where the allegation of alleged sexual misconduct or inmate on inmate sexual conduct involves sexual abuse, the investigator assigned to investigate the allegation shall have received specialized training related to conducting sexual abuse investigations in a confinement setting. Policy further states that at minimum the training will address: interviewing sexual abuse victims; using Miranda and Garrity warnings; sexual abuse evidence collection; and the criteria and evidence necessary to substantiate administrative action, and if appropriate, referral for criminal prosecution. IIU.110.0011 states that 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. DPSCS utilizes their own training for this standard; PREA Specialized Training: Investigations. A review of the training curriculum confirms that it covers techniques

for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative investigation. The investigator indicated he received specialized training related to conducting sexual abuse investigations in a confinement setting. He stated that they go through a six-month Police Academy and that they receive the specialized training there. He also stated they received annual PREA training during in-service. The investigator confirmed that the specialized investigator training included the topics required under this provision: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate an administrative case.

IIU.110.001 states that when the possibility for recovery of physical evidence from the victim exists or otherwise is medically appropriate, the investigator will coordinate with appropriate Department facility staff to arrange for the victim to undergo a forensic medical examination that is performed by a SAFE, SANE or a licensed health care professional who has been trained to perform medical forensic examinations of sexual abuse victims. Policy states that if possible, the investigator will preserve the scene of the incident and items that maybe used as evidence and collect and preserve evidence to effectively support an administrative and, if appropriate, criminal proceedings. Staff confirmed the investigator would be responsible for collecting evidence including; SAFE kits, written and oral statements, bed linens, clothing, weapons, photos and any other evidence pertinent to the investigation.

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

The policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse.

IIU.110.0011 states that the investigator shall determine if employee action or lack of action contributed to the occurrence. Policy further states that the investigator shall document all aspects of the investigation in a comprehensive investigative report that: thoroughly describes physical, testimonial and documentary evidence; explains the reasoning behind credibility assessments; includes facts and finding and when appropriate, has related documents attached.

There were no allegations of sexual assault or sexual harassment during the previous 12 months.

The investigator confirmed that all allegations would be documented in a written report with information related to the initial allegation, a description of statements/ interviews with the alleged victim, perpetrator(s) and/or witnesses, if applicable, whether video was reviewed and investigatory facts and findings. Investigative staff confirmed that all administrative investigations are documented in a written report and include everything that was done during the investigation including; statements (oral and written), video, photos, actions that were taken, a summary, facts and

findings and a conclusion. The investigator stated he would determine if staff actions or failure to act contributed to the sexual abuse through a review of the information gathered during the investigation.

Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. Credibility assessments are conducted as part of the investigative process. IIU.110.0011 states that credibility of a victim, witness or suspect shall be determined on an individual basis, regardless of the individual's status, for example employee or inmate. Additionally, policy indicates that a victim may not be required to take a polygraph or other truth telling test to determine to proceed with an investigation of an incident involving a sex related offense. OPS.050.0001 and OPS.200.0005 state that a victim of alleged sexual misconduct or 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 an investigation of alleged sexual misconduct. The investigator confirmed that the agency does require inmate victims of sexual abuse to submit to a polygraph tests or any other truth-telling devices.

DPSCS conducts both administrative and criminal investigations in accordance with agency policy.

If the Investigator determines that there may be a criminal element to the allegation of sexual abuse, they will refer the case for prosecution.

There were no allegations of sexual assault or sexual harassment during the previous 12 months. Review and oversight for all allegations is completed through the PREA Coordinator's office.

The facility is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the YDC, plus an additional 5 years in accordance with policy. OPS.050.0001 states that the investigator shall file and maintain the report of investigation for a period of five years after the alleged perpetrator is no longer an employee. IIU.110.0011 states that the investigative report shall be maintained according to an established retention schedule, which requires that the report is maintained as long as the employee is employed by the Department or the inmate is under the authority of the Department, plus five years.

Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment. OPS.050.0001 states that the departure of an employee alleged to have committed sexual misconduct or the victim of sexual misconduct from the Department is not a basis for terminating an investigation of alleged sexual misconduct. OPS.200.0005 states that the departure of an inmate alleged to have committed inmate on inmate sexual conduct or the victim of inmate-on-inmate sexual conduct from the Department is not a basis for terminating an investigation of alleged inmate on inmate sexual conduct.

IIU.110.0011 states that an investigation under this directive may not be terminated based on a victim or suspect departure from Department employment or custody.

The interview with the investigator confirmed that all investigations are completed no

	matter if staff leave/resign or if the inmate departs the facility or agency's custody. If an allegation is reported anonymously, staff stated the investigation would be handled the same as any other investigation. Investigative staff indicate they would continue the investigation even if an inmate is released or a staff member terminates employment during the investigation. Per the PAQ, there have been no allegations referred for criminal investigation during the previous 12 months. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. IIU.110.0011 – Investigating Sex Related Offenses Interviews with the following: • PC • Investigative Staff Findings: The DPSCS's policy is written in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. IIU.110.0011 states that upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigations resulted in the incident being determined to be: substantiated, unsubstantiated or unfounded. It was confirmed through multiple staff interviews that agency imposes no standard higher than preponderance of the evidence in making determinations. This is discussed in the investigator training, which all designated investigators have completed. A formal interview with one of the designated Investigators and PC confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard. The investigator was able to articulate

	what preponderance meant and indicated that evidence to substantiated an administrative investigative is a preponderance of evidence. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. IIU.110.0011 – Investigating Sex Related Offenses 3. OPS.050.0001 – Sexual Misconduct – Prohibited 4. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited Interviews with the following: • PCM • Investigator Findings: The DPSCS Operating Procedure is written in accordance with the standard and requires an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. IIU.110.0011 states that upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigations resulted in the incident being determined to be: substantiated, unsubstantiated or unfounded. Policy further states that the investigator shall document verbal notification of this directive in the investigative report recording; the name of the victim notified; the date, time and location notified and how the victim was notified. OPS.050.0001 and OPS.200.0005 state that the head of the unit responsible for the victim inmate shall ensure the victim inmate is notified of the investigator’s determination that the allegation was substantiated, unsubstantiated or unfounded. Per the PAQ, the agency is responsible for administrative and criminal investigations and as such this provision does not apply. IIU.110.0011 states that the Department shall promptly, thoroughly and objectively investigate each allegation of employee or inmate misconduct involving a sex related offense according to a uniform protocol based on recognized investigative practices that maximize evidence collection to support effective administrative dispositions and, if appropriate, criminal prosecution

of the identified perpetrator. The auditor confirmed that there were no outside investigations completed during the audit period.

When a staff member has committed sexual abuse against an offender, unless the determination is unfounded, the staff shall inform the offender whenever: the allegation has been determined to be unfounded; the allegation has been determined to be unsubstantiated; the staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the DPSCS learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the DPSCS learns that the staff member has been convicted on a charge related to sexual abuse within the facility. OPS.050.0001 states that except when an allegation of sexual abuse is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the inmate is under the authority of the Department, ensure the inmate is notified of the following: the employee is no longer assigned to the inmate's housing unit; the employee is no longer assigned at the inmate's facility; the employee is criminally charged for an offense related to sexual abuse that occurred within the facility and the employee is convicted on a charge related to sexual abuse that occurred within the facility. IIU.110.0011 states that if the incident involved an employee committing a sex related offense on an inmate and the incident was substantiated or unsubstantiated the investigator shall work with the managing official, or designee to ensure the inmate is advised of the following conditions involving the employee: the employee is not assigned to the inmate's housing unit; the employee is no longer employed at the inmate's facility; if the employee was indicated on a charge with a sex related offense occurring at the facility and/or if the employee was convicted of a charge related to a sex offense occurring at the facility.

When an offender has alleged sexual abuse by another offender, the staff is required to inform the offender whenever: the allegation has been determined to be unfounded; the allegation has been determined to be unsubstantiated; the DPSCS learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the DPSCS learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. OPS.200.0005 states that except when an allegation of inmate on inmate sexual conduct is determined to be unfounded, the head of the unit responsible for the victim inmate shall, for as long as the victim is under the authority of the Department, ensure that the victim inmate is notified of the following: the accused inmate is in any way charged with a crime related to sexual abuse that occurred within the facility and the accused inmate is convicted on a charge related to the sexual abuse that occurred within the facility. IIU.110.0011 states that if the incident involved an inmate committing a sex related offense on another inmate, the investigator shall work with the managing official, or designee, to notify the victim inmate of the following conditions involving the perpetrator: that the perpetrator was indicted on a charge related to a sex related offense occurring at the facility and if the perpetrator was convicted of a charge related to a sex related offense occurring at the facility.

The PCM indicated that inmates are informed of the results of an investigation at the conclusion of the investigation. OPS.050.0001 and OPS.200.0005 state that a record

	of notification shall be maintained in the victim inmate's base file and include the case number; content of the notification; date of the notification; location where the notification was made; printed name and signature of the employee making the notification; and the inmates signature acknowledging notification. IIU.110.0011 states that upon concluding an investigation involving an inmate as a victim of a sex related offense and based on a preponderance of evidence, the investigator shall advise the victim inmate if the investigations resulted in the incident being determined to be: substantiated, unsubstantiated or unfounded. Policy further states that the investigator shall document verbal notification of this directive in the investigative report recording; the name of the victim notified; the date, time and location notified and how the victim was notified. There were no inmates at YDC who had made an allegation of sexual abuse within the previous 12 months. There were no allegations of sexual assault or sexual harassment during the previous 12 months. Interviews with a facility investigator and PCM confirmed their knowledge of their affirmative requirement to report investigative finding to inmates in custody. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. Code of MD 10-701 5. COMAR 12.11.01 6. Standards of Conduct 7. Interviews with Staff Findings: The DPSCS PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of an inmate shall be

terminated from employment. Employees who are found to have violated agency policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts, as well as the previous disciplinary history of the staff and comparable to offenses by other staff with similar disciplinary histories. In accordance with policy, the DPSCS notifies law enforcement agencies and relevant licensing bodies when criminal violations of sexual abuse or sexual harassment are committed by staff. Any terminations or resignations by staff who would have been terminated if not for their resignation are reported, unless that activity was clearly not criminal. The agency's policy requires staff who are terminated or resign in lieu of termination for violating sexual abuse or sexual harassment policies are notified of the agency's responsibility to report such violations to licensing bodies and/or law enforcement agencies.

OPS.050.0001 and OPS.200.0005 state that an employee is subject to disciplinary action, up to and including termination of employment with the Department if it is determined that the employee; except under exigent circumstances, did not perform responsibilities established under this directive or neglected or violated other duties or responsibilities that contributed to an incident of sexual misconduct. OPS.050.0001 further states that an employee determined to have committed sexual misconduct is in violation of Department Standards of Conduct and is subject to: a penalty under the Standards of Conduct, up to and including termination of employment; criminal prosecution and notification of a relevant licensing authority.

During targeted interviews with the staff, they stated that the agency and the facility has a zero-tolerance policy on any allegations of sexual misconduct, including if staff members are involved. The presumptive discipline for violating this policy is termination.

Interviews with facility staff and administrators verified that staff are aware of the disciplinary sanctions for violating the agency's sexual abuse policies and consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. Staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

The Auditor interviewed the PCM, Warden and PCM regarding the agency's staff disciplinary policy. They indicated that if a staff member is terminated for violating the facility's sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred for criminal prosecution. If an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The agency would still refer the case for prosecution when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment. The facility reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Warden has the authority to discipline staff, including suspension and termination.

	Staff interviews confirmed that there were zero substantiated sexual abuse or sexual harassment allegations against a staff member during the audit period. Per the PAQ, there have been zero facility staff who have violated agency sexual abuse or sexual harassment policies. Per the PAQ, there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). Per the PAQ, there have been no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard Auditor Discussion Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. Interviews with Staff Findings: The DPSCS PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates and will have their security clearance for the DPSCS and YDC revoked. The disciplinary sanctions for volunteers or contractors are like those of the disciplinary sanctions for staff members. Policy states if there is an investigation and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies. Additionally, the Agency will take measures to prevent contact from the volunteer or contractor with any offender within the DPSCS system. OPS.050.0001 states that a contractor determined to have committed sexual misconduct is considered in violation of terms or conditions of a contract or other agreement; is subject to sanctions according to provision of the contract or agreement; is subject to criminal prosecution and notification of a relevant licensing authority. OPS.200.0005 states that a contractor who does not perform

	responsibilities established under this directive is considered in violation of terms or conditions of a contract or other agreement; is subject to sanctions according to provisions of the contract or agreement and is subject to criminal prosecution. YDC reported that in the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse or harassment. Staff verified during targeted interviews that there had been no instances of sexual abuse or harassment by contractors or volunteers in the past 12 months. There were no allegations of sexual assault or sexual harassment during the previous 12 months. Targeted interviews with contract staff members verified that they consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility. The contract staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary. The Auditor conducted a telephone interview with a volunteer. The Volunteer stated they had received training on PREA and were aware of the agency's zero tolerance policy. Volunteers and contractor staff are made aware of the DPSCS sexual abuse and sexual harassment policies during their initial training and orientation prior to providing services in the facility. Each volunteer and contractor attend training and signs an acknowledgement of same, which is retained in their file. All volunteers and contractors are required to review the agency's policies and procedures related to sexual abuse and sexual harassment and sign the acknowledgment after doing so. The Auditor verified through training records that volunteers and contractors at YDC had received training and reviewed the policies. The Auditor interviewed facility administration regarding the disciplinary policy regarding contract staff and volunteers. Facility administration indicated that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would most likely be terminated by the contract employer. If the conduct is criminal in nature, it will be referred for possible prosecution, as well as reported to any relevant licensing bodies. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. YDC Completed PAQ
2. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited
3. OPS.050.0001 – Sexual Misconduct – Prohibited
4. Inmate Handbook
5. Review of Classification Records
6. Interviews with Staff

Findings:

The DPSCS Operating Procedure directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy dictates that staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. If it is determined that the inmate did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions.

YDC prohibits sexual activity between inmates. Inmates found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between inmates is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse. Instances of sexual activity between inmates, if reported to be consensual, are still investigated and each case is taken at face value.

OPS.200.0005 states that an inmate determined to have committed sexual conduct is subject to a penalty established under the inmate disciplinary process and criminal prosecution, if applicable.

DPSCS Operating Procedure states inmates are subject to formal disciplinary action following an administrative finding that they engaged in inmate-on-inmate sexual abuse. According to the submitted PAQ, there have been no substantiated instances of inmate-on-inmate sexual abuse. Any substantiated reports of inmate-on-inmate abuse would result in a disciplinary charge for the perpetrator. There have been no criminal findings of guilt for inmate-on-inmate sexual abuse in this review period.

There were no allegations of sexual assault or sexual harassment during the previous 12 months.

According to policy, disciplinary action for inmates is proportional to the abuse committed as well as the history of sanctions for similar offenses by other inmates with similar histories.

Agency policy requires that staff consider whether an inmate's mental health contributed to their behavior before determining their disciplinary sanctions. OPS.200.0005 states that if therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual conduct is available,

an inmate may be required to participate in available therapy, counseling or other intervention services as a condition of participation in other forms of programming or inmate benefits that are otherwise subject to sanctioning under the inmate disciplinary process. Interviews with medical and mental health staff indicated that they offer therapy, counseling and other interventions designed to correct and address underlying reasons or motivations for sexual abuse and they offer these services to inmate perpetrators.

There are psychology staff on site to provide mental health services to the inmates at YDC. Psychology staff provide an array of services, including programming, supportive counseling and crisis intervention. Mental health staff are on call for emergent needs and can transfer inmates if they need more in-depth mental health treatment. Any decision to offer counseling or therapy to offenders and the initiation of any such counseling or therapy for individuals who have committed sexual offenses would be done at the discretion of the mental health staff in conjunction with a treatment plan for the offender. Psychology staff stated that they would provide services to inmate perpetrators, if requested.

Agency policy stipulates that inmates will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. OPS.050.0001 states that an inmate involved in sexual misconduct with a Department staff member may not be found guilty of a charge of committing a sexual act under the inmate disciplinary process if the involved staff member consented to the sexual act or sexual conduct in which the inmate participated. OPS.200.0005 states an inmate may be disciplined for sexual conduct with staff only if it is determined that the staff did not consent to the sexual conduct. There were no substantiated instances of inmate on staff sexual assault during the audit period.

Agency policy prohibits disciplining inmates who make allegations in good faith with a reasonable belief that prohibited conduct occurred. OPS.050.0001 and OPS.200.0005 state that a complaint of alleged sexual misconduct or inmate on inmate sexual conduct made in good faith upon a reasonable belief that the alleged sexual misconduct occurred may not be considered a false report or lying, even if the required investigation does not establish sufficient evidence to substantiate the allegation of sexual misconduct. Interviews with staff and inmates confirm that YDC is adhering to the provisions of the standard. There have been no such disciplinary charges during the review period.

The agency prohibits all sexual activity between inmates. OPS.200.0005 states that an inmate may not commit, participate in, support or otherwise condone sexual conduct.

The Auditor reviewed classification files, inmate records and interviewed staff, including a targeted interview with the PCM. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith.

Interviews with staff and inmates confirmed their knowledge of the policy regarding

	inmates engaging in non-coerced sexual activity. Furthermore, the staff and inmates were aware that the agency has an internal disciplinary process for inmates who engage in sexually abusive behavior against other inmates and knew that they could be disciplined for sexual abuse. The staff stated that there is a thorough investigation into all disciplinary reports. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.200.0006 – Assessment for Risk of Sexual Victimization and Abusiveness 3. OPS.050.0001 – Sexual Misconduct – Prohibited 4. Medical Records Manual Appendix G & H 5. Standard Operating Procedural Manual for Mental Health 6. Screening for Potential Sexual Victimization or Sexual Abuse 7. Medical/Mental Health Documents 8. PREA Screening and Follow-up 9. Random Review of Files 10. Informed consent 11. Interviews with Staff, including the following: a. PCM b. MH Staff c. Medical Staff 12. Interviews with Inmates Findings: The DPSCS’s policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. OPS.200.0006 states that the PC is responsible for ensuring that whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with a medical or mental health practitioner within fourteen days of the initial screening. A review of the PREA Intake Screening confirmed that if inmates answer yes to question seven (were you ever sexually assaulted or abused as a child or adult) or

questions twelve (have you ever been sexually assaulted while incarcerated) staff are instructed to offer a mental health referral.

YDC is considered a jail because the facility is housing inmates that are awaiting trial and it is not a maintaining facility.

The interviews with the staff responsible for the risk screening confirmed that inmates are offered a follow-up with mental health. The initial risk screening staff stated that the form where the inmate accepts or declines mental health services is provided to mental health the following day.

A random review of inmate files validated that the screenings were being conducted in accordance with the standards and the policy. In addition, there were multiple documented instances provided by the facility where inmates who were identified as needing follow up care, were offered the follow-up care within the 14-day period prescribed by the standards. An interview with medical staff and mental health staff confirms that if an inmate answers yes on the screening question that they have experienced previous victimization, the inmate is offered a follow-up meeting, which is scheduled at that time if the inmate states that he wants the meeting. The mental health provider indicated that the 14-day follow-ups entailed a face-to-face meeting with the inmate.

The auditor interviewed two inmates identified as having reported previous sexual victimization during the targeted inmate interviews. The inmates recall being offered mental health services.

The Auditor conducted a formal interview with psychology staff. The staff member indicated that inmates identified as needing follow-up care are scheduled to be seen within 14 days. This is a voluntary meeting and not mandated that the inmate accept the meeting. Psychology staff will identify any additional needs and services and develop a treatment plan if the inmate wants services. DPSCS policy stipulates information related to sexual victimization and abusiveness that occurred in an institutional setting be strictly limited to medical, mental health, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

When asked who this information would be shared with, the staff stated that this information would be kept confidential and only be shared with those who needed to know. OPS.200.0006 states that the PCM is responsible for ensuring confidentiality of screening information is maintained and that facility staff responsible for making decisions consider information discovered as part of the screening.

During the site review the auditor observed that inmate medical files and classification files were electronic and paper. All paper files are maintained behind a locked door. Additionally, the auditor noted that the risk screening is conducted in a private office setting. Medical and mental health areas provide privacy for face to face meetings with inmates.

	An interview with the staff confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential with limited staff access. This information is limited access and only used to make housing, bed, work, education, and other program assignments, in accordance with agency policy. DPSCS Operating Procedure states that medical and mental health personnel will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Interviews with medical and mental health staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting. There have been no reported instances for medical or mental health practitioners to have a need to report such victimization during the audit period. YDC is a dedicated facility to house youthful offenders. The staff are aware of their obligations under the provisions of the standard. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. COMAR 10.12.02.03 – Alleged Rape or Sexual Offense Victim Care 5. Medical Evaluation Manual 6. Interviews with Staff, including the following: a. PCM b. Investigator c. Medical Staff d. Random Security Staff 7. Interviews with Inmates Findings: The DPSCS Operating Procedure is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. OPS.050.0001 and

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

The security staff first responders are responsible for immediately notifying the appropriate medical and mental health practitioners in case of an incident. Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to these services. Medical staff provide coverage 24 hours per day, seven days a week. The staff are aware of their responsibilities regarding protection of the victim and evidence in the case of a report of sexual assault. In addition, medical and mental health staff are available 24 hours per day in the case of emergency and/or for crisis intervention services. This was confirmed by the PCM and medical staff. Psychology staff will initiate contact with the victim and provide evaluation and treatment as appropriate. The Psychology Staff will complete a Sexual Assault Assessment and recommend subsequent services as indicated.

The Medical Evaluation Manual, Chapter 13 states that if an alleged assault precipitates a determination that the event necessitates an offsite forensic examination or there are medical indications or concerns that an examination should be performed, where possible, inmates will be taken to an offsite medical facility that has a SAFE or SANE to conduct the forensic examination related to the sexual assault allegation. Policy further states that no forensic activity will be performed by DPSCS medical contractors.

For services that are outside the scope of their experience, the victim can be treated at the local emergency department. Forensic exams are conducted at the local hospital. An advocate is available at the request of the victim to provide emotional support services, and accompany the inmate to the hospital, if requested. The auditor verified the availability of both services. The Auditor verified that MCASA agrees to maintain a Statewide Hotline that provides confidential crisis intervention and emotional support services related to sexual abuse or assault victims. They also agree to provide an advocate if requested by the victim, during a forensic examination and investigation. The Auditor conducted a telephone interview with a victim advocate. The victim advocate verified and explained the crisis intervention services offered to inmate victims of sexual abuse.

Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The auditor reviewed

documentation for incidents that occurred during the audit year.

Interviews with facility staff indicate their awareness of the provisions of the standard and their responsibilities if there is a report of sexual abuse.

Interviews with security staff indicated that they are aware of their responsibilities with respect to protecting an inmate that reports sexual assault and ensuring that they get immediate medical treatment. Each staff member informed the Auditor that they would take immediate steps to ensure victims are protected and receive emergency medical care in the event needed.

Security staff would

immediately notify their supervisor and medical personnel following an incident of sexual abuse. Security supervisors ensure the safety of the offender following a sexual abuse incident by separating them from the alleged abuser and ensure they get immediate medical treatment.

DPSCS Operating Procedure states that all inmate victims of sexual abuse will be offered information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. The Medical Evaluation Manual, Chapter 13 states that all follow-up testing related to sexually transmitted infections, pregnancy, HBV and RPR shall be reviewed with the inmate within five business days, including additional testing or required treatment. All of the PREA related post assault follow-up clinical activities for medical, and mental health case must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy. Policy also states that the patient and alleged abuser shall be offered follow-up STI testing within 60-90 days of initial testing to include HIV, HCV and syphilis serology. Additionally, COMAR 10.12.02.03, states that prophylactic medication shall be discussed and offered to the victim and recommended initial tests and follow-up tests shall be performed. The victim shall be referred to the appropriate anonymous or confidential and free HIV counseling and test sites for potential baseline and follow-up testing and support services. The Medical Evaluation Manual, Chapter 13 states that all treatment services shall be provided to both parties without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical staff was interviewed and confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser, and the requirement to make a provision for emergency contraception and STD prophylaxis, if required. They confirmed that victims of sexual abuse would be offered these services either at the emergency room or as a follow-up once returned to the facility.

There were no inmates that reported sexual abuse at YDC.

There were no allegations of sexual assault or sexual harassment during the previous 12 months.

Agency policy states that forensic examinations will be performed by Sexual Assault

	Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) without a financial cost to the victim. Interviews with medical staff confirm that victims of sexual abuse would not be charged for services received due to a sexual abuse incident. This was also confirmed by medical staff. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OPS.050.0001 – Sexual Misconduct – Prohibited 3. OPS.200.0005 – Inmate on Inmate Sexual Conduct – Prohibited 4. COMAR 10.12.02.03 – Alleged Rape or Sexual Offense Victim Care 5. Medical Evaluation Manual 6. Office of Clinical Services/Inmate Health Administrative Manual 3. Mental Health Follow-up 4. Interviews with Staff, including the following: a. Mental Health Staff b. Medical Staff 5. Interviews with Inmates Findings: The DPSCS Operating Procedure is written in compliance with the standard and states that the facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care. Interviews with medical and mental health staff reveal that they feel the care they provide the inmates is much better than the community level of care due to availability and access of services. OPS.050.0001 and OPS.200.0005 states that the head of a unit, or a designee is responsible for ensuring that appropriate medical and mental health services and support service are made available to a victim of sexual misconduct/sexual conduct.

The Medical Evaluations Manual, Chapter 13, states that following any report by an inmate concerning sexual assault, the inmate will be brought to medical for an examination to address any immediate medical needs. Policy further states that notifications to mental health psychology staff, social workers and the PC will be done irrespective. A mental health professional shall conduct a mental health evaluation within 24 hours of the initial report of the incident. Additionally, OPS.200.0006 states that the PC is responsible for ensuring that whenever screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in a facility or in the community, the inmate is offered a follow-up with a medical or mental health practitioner within fourteen days of the initial screening.

The Medical Evaluation Manual, Chapter 13 states that all inmates shall be seen for medical follow-up within the first 24 hours following the initial offsite medical visit regarding the allegations of sexual assault. It further states that all follow-up testing related to sexually transmitted infections, pregnancy, HBV and RPR shall be reviewed with the inmate within five business days, including additional testing or required treatment. All of the PREA related post assault follow-up clinical activities for medical, and mental health case must be completed whether or not an off-site visit was indicated including testing and prophylactic treatment for STIs and pregnancy. The patient and alleged abuser shall be offered follow-up STI testing within 60-90 days of initial testing to include HIV, HCV and syphilis serology. A mental health professional will see the patient within 24 hours of his or her return from any treatment needs and if the inmate did not go offsite, a mental health professional shall conduct a mental health evaluation within 24 hours of initial report of the incident and document disposition and follow-up needs. The Office of Clinical Services/Inmate Health Administrative Manual, Chapter 9, Continuity of Care, states that inmates leaving the Department of Public Safety and Corrections facilities will be provided with information and access to systems that will enable them to continue care for diagnosed disease processes that was received while the inmate was incarcerated. Additionally, COMAR 10.12.02.03, states that prophylactic medication shall be discussed and offered to the victim and recommended initial tests and follow-up tests shall be performed. The victim shall be referred to the appropriate anonymous or confidential and free HIV counseling and test sites for potential baseline and follow-up testing and support services.

There were no allegations of sexual assault or sexual harassment during the previous 12 months.

Inmate victims of sexual abuse while in the facility will be offered tests for sexually transmitted infections as medically appropriate. Interviews with medical staff confirm that inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. Female victims of sexual abusive vaginal penetration while incarcerated would be offered pregnancy tests. YDC holds both male and female offenders. The Medical Evaluation Manual, Chapter 13 states that if pregnancy results from the sexual abuse the detainee or inmate shall receive timely and comprehensive information and access to all pregnancy related medical services including abortion, as outlined in the DPSCS Clinical Services Pregnancy Management Manual. Interviews with medical and mental health care staff confirmed that female

victims of sexual abuse vaginal penetration would be offered pregnancy tests and access to all pregnancy related information and services. The staff indicated that female victims of vaginal penetration would be offered information and access to all pregnancy related services as soon as the facility learns of the pregnancy.

There were no inmates that reported sexual abuse at YDC.

DPSCS Operating Procedure states that all treatment services for sexual abuse will be 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.

The Medical Evaluation Manual, Chapter 13, states that all treatment services shall be provided to both parties without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with medical staff confirm that these services would be provided to the inmate at no cost. There are no costs for evaluations and treatments related to sexual victimization. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, first responders will take preliminary steps to protect the victim and shall immediately notify the shift supervisor. The auditor reviewed investigative reports and associated documentation for allegations in the audit period and found that the facility acted in accordance with the standard and DPSCS policy.

Agency policy requires QMHPs to attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history, and offer treatment when deemed appropriate. The Mental Health Evaluation Manual, Chapter 13 states that the alleged abuser shall be offered a mental health evaluation by a mental health professional within 30-60 days of the alleged assault or abuse. YDC is a jail, therefore this provision is not applicable.

The auditor reviewed documentation provided by the facility of ongoing services and mental health care offered for inmates identified as victims. In a targeted interview with the mental health staff, he stated that if an inmate is identified as a high-risk victim or a high-risk abuser, a referral is made to mental health for follow-up. If the inmate accepts services, mental health will meet with the inmate and provide services to the inmate.

Staff interviews confirmed the presence of policies and procedures consistent with the standard and confirmed the medical and mental health staffs' knowledge of the policy and standard. Staff are aware of their responsibilities with respect to PREA related incidents.

Interviews with inmates confirm they are generally aware of the availability of services should they request or require them.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OSPS.020.0027 – PREA Investigations – Tracking and Review 3. Sexual Abuse Incident Review Form 4. Interviews with Staff Findings: The DPSCS has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. OSPS.020.0027 states that except for sex related offenses that are investigated and determined to be unfounded, a facility incident review team shall, within 30 days after an investigation of a sex related offense is concluded shall review the incident. There were no allegations of sexual assault or sexual harassment during the previous 12 months. Staff confirmed this information. The review team will consist of upper-level management officials, supervisors, investigators, and medical/mental health personnel. OSPS.020.0027 states that the facility incident review team shall: consist of upper-level facility management officials designated by the facility managing official after consultation with the PCM and have input from or access to line supervisors, investigators, and medical and mental health practitioners concerning the incident being reviewed. An interview with the Warden and PCM confirmed that the facility has a sexual abuse incident review team. In accordance with the standard, DPSCS Operating Procedure states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may permit or contribute to the abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. OSPS.020.0027 states that the facility incident review team shall; consider if the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification/status, gang affiliation or other group dynamics; examine the location where the incident occurred to determine if physical plant issues contributed to the incident; and assess staffing levels in the area and the need for monitoring technology to augment or supplement staffing in the areas. Policy further states that the facility incident review team shall prepare a report of findings for managing officials and the PCM, which includes, but is not limited to: identifying problem areas; identifying necessary corrective action; and making recommendation for improvement. A review of the Sexual Abuse Incident

	Review form confirmed that all components were included on the form. An interview with two members of the incident review team, as well as the Warden confirms if there was an incident that required a review, all these factors would be considered. The staff stated that the review team follows a formatted document to ensure all elements of the standard are considered. The staff stated the incident review team discusses recommendations for improvement and include those recommendations on the final report, which is approved by the Warden. An interview with the PCM confirms that a report of the findings, including recommendations for improvement, would be completed, and submitted for inclusion in the file. The Warden will review the recommendations. The PCM also stated any recommendations would be implemented, or the reasons for not doing so would be documented. OSPS.020.0027 states that the managing official shall work with the PCM to implement the facility incident review team's recommendation for improvement from the review team or if recommendations are not implemented, document the reason for not adopting the recommendations. A review of the Sexual Abuse Incident Review form confirmed a section exists for recommended changes/improvements to policy or practice. There were no allegations of sexual assault or sexual harassment during the previous 12 months. Sexual Abuse Incident Reviews are conducted in a standardized method department wide. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OSPS.020.0027 – PREA Investigations – Tracking and Review 3. IIU.110.0011 – Investigating Sex Related Offenses 4. Annual PREA Report 5. Survey of Sexual Victimization (SSV)4. BJS Survey 2022-2022 6. Interviews with Staff Findings:

The DPSCS Operating Procedure is consistent with the requirements of the standard and states that the agency will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data. OSPS.020.0027 states that the Department shall uniformly collect accurate data for every allegation of sexual abuse from each correctional facility under the authority of the Department to assess and improve effectiveness of sexual abuse prevention, detention and responsiveness. Policy states that the Department's Internal Investigative Division (IID) is the primary investigative body for all PREA related allegations and shall collect and maintain data regarding PREA related criminal and administrative investigations, which are required to be reported to IID. A review of the Survey of Sexual Victimization confirmed that the agency collects data utilizing the definitions set forth in the SSV.

OSPS.020.0027 states that IID shall annually report PREA related data to the PC and that the PC shall aggregate the incident-based sexual abuse data annually. A review of the Annual PREA Report confirmed that the agency has aggregated data from 2013 to 2023.

OSPS.020.0027 states that the IID shall uniformly collect and maintain data for each reported allegation of sexual abuse at each correctional facility under the authority of the Department that, at minimum, is necessary to respond to data reporting required by the Survey of Sexual Violence conducted by the Department of Justice.

IU.110.0011 states that the investigator shall complete a Department Internal Investigative Unit "PREA" form and a United States Department of Justice "Survey of Sexual Victimization" form. A review of the Survey of Sexual Victimization confirmed that the agency collects data utilizing the definitions set forth in the SSV.

The Auditor reviewed the Annual Reports available on the facility website, including aggregated sexual abuse data for calendar years 2021 - 2023.

OSPS.020.0027 states that the PC shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigative files and sexual abuse incident reviews.

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested.

The agency is collecting and aggregating sexual abuse data on an annual basis as required by the standard for facilities under its direct control and private facilities with which it contracts. The report uses a standardized set of definitions, which are available on the agency website and in the DPSCS Operating Procedure. Per the PAQ, DPSCS does not contract for the confinement of inmates.

The DPSCS collects accurate, uniform data for every PREA related allegation using a standardized instrument and set of definitions.

	OSPS.020.0027 states that IID shall, by June 30 of each calendar year, report sexual violence data from the previous calendar year to the Department of Justice. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ with ADP 2. OSPS.020.0027 – PREA Investigations – Tracking and Review 3. Annual Reports 4. Website with sexual abuse data 5. Interviews with Staff Findings: The DPSCS Operating Procedure is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 for all facilities under its direct control and private facilities with which it contracts will be made readily available to the public through the agency website, excluding all personal identifiers after final approval. OSPS.020.0027 states that the PC shall ensure that all aggregated sexual abuse data is included in an annual report that: includes an assessment of the Department’s sexual abuse prevention, detection and response policies, practices and training; identifies Department wide problem areas or problems within specific correctional facilities; is used to facilitate corrective action at the Department and correctional facility levels; compares the current calendar year’s data and activities with that available from previous years and assesses the Departments progress in addressing sexual abuse. A review of the Annual PREA Report indicates that it includes information on audits completed, inmate reporting, problems and corrective action and data. The Agency Head indicated that the agency collects data on a monthly basis during the reduction of violence meetings where staff review incidents that have occurred. He stated each facility team consists of a Shift Commander, medical, investigators, facility leadership, case management, the Officer in Charge and the environmental safety officer. He stated the team looks at each case to see where it occurred, how it occurred, what occurred and what measures can be taken to ensure it does not happen again. The interview with the PC indicated that the agency reviews data that is collected in

	order to assess and improve the effectiveness of the sexual abuse prevention, detection and response policies and that the information is published on the agency website. The Auditor reviewed the Annual Reports available on the agency website, including data for calendar years 2021, 2022 and 2023. The reports indicate that the agency reviewed the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report, entitled “Department of Public Safety & Correctional Services Prison Rape Elimination Act Annual Report” includes an overview of the facility’s plan for addressing sexual abuse and aggregated data. The annual report will include a comparison of the current year’s data and corrective actions with those from prior years and must provide an assessment of the DPSCS’s progress in addressing sexual abuse. The annual report indicates the agency’s efforts to address sexual abuse include continually providing education and staff training, as well as evaluating processes and standardization. Interviews with the PREA Coordinator confirm these efforts. The report is signed by the PC and the Deputy Secretary of Operations and there is no personally identifying information in the report. After a review, the Auditor determined the facility exceeds the requirements of the standard. Corrective Action: None
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. YDC Completed PAQ 2. OSPS.020.0027 – PREA Investigations – Tracking and Review 3. Annual Report 4. DPSCS Website containing sexual abuse data 5. Interviews with Staff Findings: The DPSCS Operating Procedure is consistent with the requirements of the standard, which mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. DPSCS Operating Procedure is written in accordance with the standard that data collected pursuant to 115.87 will be made readily available to the public through the agency’s website, excluding all personal identifiers after final approval. Policy states the

	agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. OSPS.020.0027 states that the PC shall security maintain incident-based and aggregated data ensuring only authorized personnel have access to the information. The PC stated that the data is placed in the IID database and that it is maintained with the rest of the confidential data. Policy states that the PC shall ensure the report is approved by the Secretary and made available to the public through the Department's public website and redacts information that would present a clear and specific threat to the safety and security of a correctional facility before publication indicating the nature of the redacted information as well as redacts any personal identifiers. Aggregated sexual abuse data for the agency's annual report is compiled from Investigative files, Incident Reviews, and other relevant documents. Agency and facility data is maintained electronically in secure servers which require a unique username and password to access the data. The Auditor reviewed the agency's website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. Annual PREA Reports are available thru 2023. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Previous Audit Report 2. PAQ 3. On-Site Review Interviews with the following: • PREA Coordinator • Warden • PCM • Random and Targeted Inmates Observation of the following:

- Observation of, and access to all areas of the YDC during the site review

The YDC had its last PREA Audit January 27-28, 2022. The Auditor reviewed the facility's previous PREA report dated April 2022. The Auditor was given full access to the facility. The facility administration was open to feedback and all recommendations were implemented immediately. The facility provided the Auditor with a detailed tour of the facility. The Auditor was provided and reviewed the relevant policies, procedures, and other documents to assist with rendering a decision on the facility's level of compliance with each of the PREA standards. The Auditor was able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information. All requested documentation was provided in a timely manner.

The auditor was provided extensive documentation prior to the on-site audit, for review to support a determination of compliance with PREA standards. During the pre-audit, onsite review and post audit phases, the auditor reviewed all PREA investigative files, staff/inmate training records, inmate risk screenings, background investigations, logbooks, program information, camera placement and other pertinent documentation.

All staff at YDC cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area. The auditor was permitted to conduct unimpeded, private interviews with inmates at YDC, both informally and formally. The Auditor was given private interview rooms to interview inmates, which were convenient to inmate housing areas. The YDC staff facilitated getting the inmates to the auditor for interviews in a timely and efficient manner. Informal interviews with inmates confirm that they were aware of the audit and the ability to communicate with the auditor.

The auditor was able to observe both inmates and staff in various settings.

Prior to the on-site review, letters were sent to the facility to be posted in all inmate living areas which included the Auditor's address. The Auditor observed notices posted in each inmate living unit that were emailed to the facility staff prior to the Audit. The Auditor received documentation that the notices to inmates were posted six weeks in advance of the first day of the audit. The auditor did not receive any confidential letters from inmates at YDC, or any other interested party.

The Auditor communicated with a victim advocate with MCASA to verify services.

There were no barriers to completing the audit at YDC.

The facility had an onsite review and audit within the three-year period of the last audit and has completed the onsite review and audit process. Each facility under the direct control of the DPSCS has been audited at least once during the previous three-year audit cycle.

After a review, the Auditor determined the facility meets the requirements of the standard.

	Corrective Action: None
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied upon to make Compliance Determination: 1. Previous Audit Report 2. DPSCS Website Interviews with the following: • PREA Coordinator The Auditor reviewed the DPSCS website which contains a link for the April 2022 PREA Audit Report. The website includes a "PREA Reports" page. Each audit report for all DPSCS facilities is accessible on the page. After a review, the Auditor determined the facility meets the requirements of the standard. Corrective Action: None

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

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

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

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

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

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

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

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

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

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

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