

PREA Facility Audit Report: Final

Name of Facility: Montgomery County Pre-Release and Reentry Services

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/10/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Auditor Full Name as Signed: Alton Baskerville	Date of Signature: 06/10/2024

AUDITOR INFORMATION	
Auditor name:	Baskerville, Alton
Email:	alton.abm@preaauditors.com
Start Date of On-Site Audit:	04/24/2024
End Date of On-Site Audit:	04/25/2024

FACILITY INFORMATION	
Facility name:	Montgomery County Pre-Release and Reentry Services
Facility physical address:	11651 Nebel Street , Rockville, Maryland - 20852
Facility mailing address:	11651 Nebel Street, Rockville, Maryland - 21113

Primary Contact

Name:	Tyrone Alexander
Email Address:	tyrone.alexander@montgomerycountymd.gov
Telephone Number:	12407734222

Facility Director	
Name:	Ivan Downing
Email Address:	Ivan.Downing@montgomerycountymd.gov
Telephone Number:	240-773-4262

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Stephen Murphy
Email Address:	Stephen.Murphy@montgomerycountymd.gov
Telephone Number:	240-773-9830

Facility Characteristics	
Designed facility capacity:	144
Current population of facility:	60
Average daily population for the past 12 months:	59
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males

Age range of population:	18+
Facility security levels/resident custody levels:	Min
Number of staff currently employed at the facility who may have contact with residents:	26
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	21

AGENCY INFORMATION	
Name of agency:	Montgomery County Department of Corrections and Rehabilitation
Governing authority or parent agency (if applicable):	
Physical Address:	22880 Whelan Ln, Boyds, Maryland - 20841
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Tyrone Alexander	Email Address:	tyrone.alexander@montgomerycountymd.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:

0

Number of standards met:

41

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:	2024-04-24
2. End date of the onsite portion of the audit:	2024-04-25

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Victim Assistance and Sexual Assault Program.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	144
15. Average daily population for the past 12 months:	59
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> 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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	63
38. 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:	0
39. 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
40. 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
41. 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
42. 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
43. 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:	0

<p>44. 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:</p>	<p>0</p>
<p>45. 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:</p>	<p>0</p>
<p>46. 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:</p>	<p>4</p>
<p>47. 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:</p>	<p>0</p>
<p>48. 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):</p>	<p>No comments.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. 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:</p>	<p>26</p>
<p>50. 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:</p>	<p>14</p>

<p>51. 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:</p>	<p>5</p>
<p>52. 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:</p>	<p>No comments.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>18</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I looked at the resident lists and observed residents as I toured the facility.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>57. 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):</p>	<p>There were no targeted residents at the facility.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>0</p>
<p>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".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. 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).</p>	<p>This Pre-release Center does not have targeted residents.</p>
<p>61. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>Same as before.</p>
<p>62. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>Same as before.</p>
<p>63. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>Same as before.</p>
<p>64. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>Same as before.</p>
<p>65. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>Same as before.</p>
<p>66. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>Same as before.</p>
<p>67. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>Same as before.</p>
<p>68. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>Same as before.</p>
<p>69. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>Same as before.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No additional information to add.
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No problems interviewing random staff.
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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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. 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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No problems interviewing specialized staff.

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.

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

Yes

No

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

85. 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

86. 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

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

Yes

No

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

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>Easy access to all areas of facility.</p>
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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.

<p>90. 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?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>This auditor conducted a record review of ten random employee files. Information reviewed was compliant with the standards. Auditor conducted a random review of twelve resident files, one from each month of the audit period. Documentation appears compliant with standards.</p>
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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.

92. 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

93. 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.

94. 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

95. 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.

96. 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

97. 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

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse investigation files.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no files to review.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no files to review.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. 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

116. 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

121. 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

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • 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	
<p>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.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy 3000-64 Prison Rape Elimination Act (PREA) Prevention and Reporting • MCPRRS ORGANIZATION CHART, March 21, 2024 • Interviews: Staff PREA Compliance Manager <p>Auditor Discussion:</p> <p>MCPRRS Policy 3000-64 Prison Rape Elimination Act (PREA) Prevention and Reporting states purpose, “The Montgomery County Department of Correction and Rehabilitation (MCPRRS) has a zero-tolerance policy relating to illegal sexual acts, sexual harassment, or sexual misconduct in any of the detention facilities, places of business, and community corrections occurring programs operated by the department.</p>

	<p>The department shall protect the rights of staff, inmates, residents, clients, and all other authorized persons regardless of gender, or sexual orientation, by holding perpetrators accountable, holding correctional personnel accountable who fail to detect, prevent, and reduce the incidence of illegal or inappropriate behavior and by holding accountable correctional personnel who fail to discipline or punish the perpetrators of sexual crimes and sexual misconduct. Every allegation of sexual misconduct will be investigated, and when warranted, sanctions up to and including dismissal of authorized personnel, discipline of offenders, and criminal prosecution of authorized personnel and/or offenders will be imposed.</p> <p>This policy establishes guidelines for proper and immediate reporting of such incidents and provides appropriate safeguards for victims. This policy also establishes guidelines for the management of evidence, and actions to be taken; from reporting an allegation, to substantiating an illegal sexual crime, sexual harassment, or sexual misconduct.</p> <p>Analysis/Reasoning</p> <p>Interviews with staff and residents confirm knowledge of this policy and it is understood that zero tolerance of sexual abuse and harassment has become practice though staff training and resident orientation. MCPRRS has a PREA Compliance Manager position, identified as Deputy Chief Security and Facility and PREA Compliance Manager on MCPRRS's organizational chart. The PREA Compliance Manager, reports to Division Chief.</p> <p>Conclusion:</p> <p>MCPRRS and Montgomery County Department of Correction And Rehabilitation have shown they meet the standard 115.211. The agency and facility have met PREA standards in the past and the coordinators, and managers display great efforts in maintaining that status. Policy is very good requiring zero tolerance and adherence to efforts to prevent, detect and respond to sexual abuse of harassment of offenders under MCPRRS charge.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Montgomery County Pre-Release and Reentry Services does not contract with private agencies or other entities for the confinement of residents.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- MCPRRS Policy 3000-64 Prison Rape Elimination Act (PREA) Prevention and Reporting
- MCPRRS Policy 3000-15 Minimum Shift Requirements
- MCPRRS Policy 2000-100 Staff Working Hours
- MCPRRS Policy 2000-119 Schedules and Minimum Shift Requirements
- PREA Memo, April 1, 2024
- Interviews:
PREA Compliance Manager
Work Release Coordinators

Auditor Discussion:

MCPRRS Policy 3000-64 Prison Rape Elimination Act (PREA) Prevention and Reporting, Staffing Plan:

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. Whenever necessary, but no less frequently than once each year, for each facility the Department operates, in consultation with the PREA coordinator, the Department shall assess, determine, and document whether adjustments are needed to the staffing plan. The staffing plan will provide for adequate levels of staffing, to protect inmates against sexual abuse.

Resources: The Department shall assess, determine, and document whether adjustments are needed to the Department’s deployment of resources the Department has available to commit to ensure adherence to the staffing plan.

MCPRRS Policy 3000-15 Minimum Shift Requirements: Each facility operated by the department shall develop a staffing plan which shall be reviewed and approved by the Department Director. This staffing plan shall include a listing of those posts that can be collapsed in order to manage overtime as well as a minimum safe staffing requirement below which manpower cannot drop. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

MCPRRS Policy 2000-100 Staff Working Hours: This policy shall establish a clear understanding for all Pre-Release and Reentry Services staff of the expectations for reporting to work, specific working hours, and any changes in working hours relative to specific staff responsibilities.

MCPRRS Policy 2000-119 Schedules and Minimum Shift Requirements: The Montgomery County Pre-Release Center operates on a continuous round-the clock basis. To meet operational needs, duty schedules are posted and maintained to reflect employee work hours, use of leave and minimum shift requirements. The Pre-Release and Reentry Services Division shall establish procedures to ensure proper shift coverage and a system for the fair distribution of overtime. Staff who volunteers for overtime will be selected first. All efforts to fill vacant shifts on a voluntary basis will be exhausted before a mandatory draft occurs.

	<p>Analysis/Reasoning:</p> <p>On the PAQ and memo dated April 1, 2024, Standard States: For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors. The Pre-Release reopened on April 16, 2023, it has been under 1 year, we have not had any deviations from the staffing plan and an annual review is not due.</p> <p>Conclusion:</p> <p>Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 80. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated:80.</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the standard regarding Supervision and Monitoring, ensuring that the safety of staff and residents is a priority.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCDOCR Policy 1300-19 Searches • MCDOCR Policy 1200-27 Gender Identification, Classification, and Housing • Training Rosters • Interviews with: <ul style="list-style-type: none"> Facility Director PREA Compliance Manager Random Staff Random Resident <p>Auditor Discussion:</p> <p>MCDOCR Policy 1300-19 Searches II. Frisk, Strip, and Body Cavity Searches</p> <p>A. Frisk Searches</p> <p>1. A frisk search may be conducted anytime an inmate exits and enters the housing pod/unit. Inmates are not permitted to take any items out of the pod/unit unless they are necessary and approved by the pod/housing Officer. 2. When feasible, pat-</p>

down searches will be conducted by an officer of the same sex as the inmate being searched. 3. Officers will not conduct pat-down searches of opposite gender inmates unless an officer of the same gender as the inmate is not available, and an exigent circumstance exists that requires the search be carried out immediately. A supervisor is made aware before these cross-gender searches occur.

MCDOCR Policy 1200-27 Gender Identification, Classification, and Housing

The MCDOCR prohibits discrimination against arrestees/inmates based on their race, religion, national origin, gender, sexual orientation, disability, or any other type of insidious discriminatory classification when making administrative decisions and in providing access to programs and services.

The back of the hand/blade of the band technique is taught. Five (5) employees were randomly selected from the employee roster to review training records. All staff present while the audit team was onsite were interviewed. This amounted to (5) random staff interviews, including male and female staff, both custodial and non-custodial. All staff who would be responsible for searches reported that they do not conduct unclothed/strip searches. All reported they were trained to conduct all clothed body searches using the back of the hand/blade of the hand technique. They do not conduct cross-gender searches. All female staff said they do not search the male residents and all male staff said they do not search female residents. They did express an understanding of how to conduct a cross-gender search in exigent circumstances and correctly identified when those circumstances would be. All staff interviewed, both custodial and non-custodial, confirmed that opposite gender announcements are routinely made when entering housing units.

Conclusion:

The audit team conducted a facility inspection and did not note any concerns with cross gender viewing. All showers had curtains. Staff will knock on the door and announce themselves before entering a resident’s room. The audit team observed staff making cross-gender announcements before entering housing units. Based on policy, interviews, and onsite inspection, the facility is compliant with this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCDOCR Policy and Procedure Limited English Proficiency (LEP) Effective Communication#3000-73 • MCDOCR Policy and Procedure Inmate Programs #1200-18 • Resident Guidebook

- PREA Publication English and Spanish-
- PREA Poster English and Spanish
- Interpreter Contact Information
- Interviews:
 - Staff
 - Residents
- Observations

Auditor Discussion:

MCDOCR Policy and Procedure Searches #3000-73

(In accordance with Title VI of the Civil Rights Act of 1964 and Presidential Executive Order 13166, "Improving Access to Services by Persons with Limited English Proficiency", it is the policy of the Montgomery County Department of Correction and Rehabilitation not to discriminate against any person who has limited English proficiency. The MCDOCR will take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals incarcerated, detained, or otherwise encountering Department facilities, programs, and activities. This policy is to ensure that language will not prevent staff from communicating effectively with LEP inmates, detainees, residents, participants, and others to ensure safe and orderly operations, and that limited English proficiency will not prevent inmates, detainees, residents, participants, or individuals from accessing important programs and information; understanding rules, participating in proceedings; or gaining eligibility for parole, probation, pre-trial, treatment programs, alternatives to revocation, or classifications. This commitment applies to all Divisions within the MCDOCR.

MCDOCR Policy and Procedure #1200-18

1. Inmates receive an orientation to the facility within 3-4 days of their arrival at MCCF. At this orientation presentation, inmates are informed of the different programs which exist, and advised on how to apply. A general list of these programs is also included in the Library and in the Inmate Guidebook, which is provided to each inmate during orientation. 2. After an inmate is classified to a primary housing assignment, the inmate is interviewed by the Case Manager of that housing area. The Case Manager explains the various programs that are available to the inmate and provides further information as requested. 3. Since all program participation is voluntary, each inmate must personally request to participate in a desired program. This is accomplished by the inmate completing an Inmate Request Form (DCA #6) and sending it to their Case Manager. The inmate's Case Manager will meet with the inmate and complete the proper referral form and forward it or the DCA #6 to the appropriate personnel. Any staff member may assist the inmate in properly completing the Inmate Request form and/or may recommend that the inmate be given priority placement for treatment reasons. 4. The Health Administrator and the Facility Administrator or designee consult prior to taking actions on referrals for the chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled. Areas reviewed include, but are not limited to:

- Housing
- Program Participation

	<ul style="list-style-type: none"> • Disciplinary Measures • Program Location <p>Analysis/Reasoning:</p> <p>This auditor received copies of intake materials in Spanish. The facility has multiple Spanish speaking staff. A language interpretation service is available for all languages should the need arise. There is also American Sign Language interpretation available. In the past 12 months, there were (0) number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.</p> <p>Conclusion:</p> <p>The Auditor concluded the agency provides information that ensures equal opportunity to offenders who are disabled. The facility takes reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are provided to offenders who are Limited English proficient and those who are disabled. The Auditor conducted a thorough review of the agency's policies, procedures, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, interpretive services contracts, offender records, training records, conducted interviews with staff, offenders and made observations to determine the agency meets the requirements of this standard.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCDOCR Policy and Procedure Applicant and Employee Background Investigations/Checks • Volunteer Application and Background Booklet • Interviews: Human Resource Officer <p>Auditor Discussion:</p> <p>MCDOCR Policy and Procedure #3000-41</p> <p>A. Applicant Background Investigation Requirements: 1. All applicants shall be required to complete a background booklet, provide required documents and to sign all necessary Release of Information forms. Any</p>

applicant who provides false or misleading information may be disqualified and not considered for employment. Derogatory information developed during a background investigation shall be evaluated in terms of the circumstances and facts surrounding it and its degree of relevance to the job and will be forwarded to the Maryland Police and Correctional Training Commission (MPCTC) as appropriate. (COMAR 12.10.01.05)

- Negative findings having nexus to the job from employer and/or personal references
- Poor neighbor references
- Resulting from Wage History verification
- Applicant has been paid under the table by an employer: did not report or pay taxes on income
- Applicant did not work at the place of employment for as long or as short as stated on their application
- Did not mention an employer to concealed a problem with an employer
- Other
- Aggressive or unprofessional behavior towards the Human Resources or Background Unit staff
- Failure to reveal an alias: indicates deception
- Lawsuits against the candidate
- Something is found in the person's past that could prove embarrassing to the department
- Facebook or LinkedIn searches reveal negative information • (i.e.; photo(s) of applicant with drug paraphernalia, inappropriate or sexual photo(s), photo(s) with Gang/Gang • signs, etc.)
- Frequents prostitutes
- Admits to stealing from employers although hasn't been caught
- Uses/has a fake ID
- Gang member
- Illegal handgun owner
- Admits to being biased/racist or belongs to a militant or illegal organization
- Cruelty to animals (i.e., dog fights)
- Omitting important information;(i/e; did not pass the polygraph with MCPD when applied)
- Admits to being attracted to minors and/or engaged in inappropriate sexual relationship
- Omitting having worked in another public safety agency
- Investigation reveals conduct and/or acts that require review • under the Prison Rape Elimination Act (PREA) ,28 CFR§115.17

Analysis/Reasoning:

In the past 12 months, there were two (2) number of persons hired who may have contact with residents who have had criminal background record checks. There were (1) contract personnel who underwent background checks during this audit period. Documentation of background checks and clearances for this audit period

	<p>was provided to this auditor. Background checks are repeated annually.</p> <p>Conclusion:</p> <p>The Auditor concluded the MCDOCR is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's policies, procedures, employee records, contractor records, Criminal History Check, Background Investigation Report, Employment Application, and interviewed staff and contractors to determine the agency meets the requirements of this standard.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Pre-audit Questionnaire (PAQ) and supporting documents • Interviews: <ul style="list-style-type: none"> Community Corrections Supervisor <p>Auditor Discussion:</p> <p>The PAQ indicates, by memo, “The Montgomery County Pre-Release Center expanded it kitchen area and incorporated the existing camera system into the design. This did not require meeting minutes or documentation outside of the larger design process. The Community Corrections Supervisor reported, any project with the potential to affect the monitoring of the residents, will be examined through the lens of PREA standards to ensure compliance. During the on-site the Auditor was able to observe camera placement.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding upgrades to facility and technology.</p>

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p>

- MCDOCR Policy 3000-64 Prison Rape Elimination Act (PREA) Prevention and Reporting
- Montgomery County Police - Investigation of Rapes and Sex Offenses
- Interviews:
 - Random Staff
 - SAFE/SANE Staff
 - PREA Compliance Manager (PCM)

Auditor Discussion:

MCDOCR Policy 3000-64

A. When the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

B. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations described above.

C. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

D. When the quality of evidence appears to support criminal prosecution, the investigating Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

E. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. The Department shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

F. Administrative investigations:

1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

3. The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The supervisor shall contact the Montgomery County Police Department and request a unit to respond to the facility to investigate the alleged sexual crimes.

Investigations into the crime of "Indecent Exposure to Correctional Employee" shall in most cases be referred to the police department for investigation.

MCP Policy Investigation of Rapes and Sex Offenses - FC No. 616 Initial Investigation

	<p>A. Welfare of the Victim</p> <p>The officer's first responsibility is the welfare of the victim. When applicable, the officer must administer first aid and/or call for an ambulance.</p> <ol style="list-style-type: none"> 1. If the victim has sustained injuries requiring immediate treatment, the officer will direct transportation to the nearest hospital. 2. In non-emergency situations, if it is necessary to transport the victim to the hospital prior to the investigator's arrival, advise the victim to take a change of clothing, if available. 3. The victim has the right to choose any hospital within Montgomery County. However, Shady Grove Medical Center (SGMC) is currently best equipped to conduct a Sexual Assault Forensic Examination (SAFE). 4. The victim has the right to have the SAFE conducted at another hospital or by the victim's personal physician. In these situations, the Special Victims Investigatio11S Division will provide a Physical Evidence Recovery Kit (PERK) to the hospital/doctor/nurse handling the SAFE. The investigator will retrieve the aforementioned PERK as soon as possible and ensure the PERK is tracked and entered into the appropriate evidence tracking system. 5. The victim has the right to refuse medical treatment. <p>Analysis/Reasoning:</p> <p>There have been no reported violations of the agencies sexual abuse or harassments in the past 12 months by any contractors or volunteers at the Montgomery County Pre-Release Center.</p> <p>Conclusion:</p> <p>The auditor has determined through review of policies and documentation, and interviews, that the facility is in substantial compliance with this standard.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCDOCR Policy and Procedure Implementation of the PREA #3000-64 • Memorandum • Interviews: <ul style="list-style-type: none"> Staff Residents <p>Auditor Discussion:</p> <p>MCDOCR Policy and Procedure Implementation of the PREA #3000-64</p> <p>F. Those offenders, who wish to anonymously report allegations of sexual crimes,</p>

sexual misconduct, sexual harassment, etc., may do so in any manner or format that is comfortable for the offender (e.g., letter to a counselor or chaplain). Note: The department will immediately start an investigation whenever an alleged sexual crime, sexual harassment, sexual misconduct (or threats of the same) is reported. M. The Directors Office will be notified immediately by the Division Chief of any allegation of sexual crimes, sexual harassment, or sexual misconduct so that an investigation can be initiated.

VII. Criminal and Administrative Agency Investigations

A. When the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

B. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations.

C. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

D. When the quality of evidence appears to support criminal prosecution, the investigating Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

E. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. The Department shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

F. Administrative investigations:

1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

3. The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated

G. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

H. Substantiated allegations of conduct that appears to be criminal shall be referred

for prosecution.

I. The agency shall retain all written reports referenced in paragraphs (F) and (G) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

J. The departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation.

K. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

L. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The supervisor shall contact the Montgomery County Police Department and request a unit to respond to the facility to conduct an investigation into alleged sexual crimes.

Analysis/Reasoning:

Montgomery County Pre-Release and Reentry Services (MCPRRS) Policy and Procedure, "Prison Rape Elimination Act", were reviewed by this auditor. This section of the policy meets all the requirements of this standard. It requires that all allegations of sexual harassment and sexual abuse be investigated. It requires that allegations that may be criminal in nature be referred to law enforcement and provides clear guidance for when MCPRRS may conduct an administrative investigation once a referral to law enforcement has been made. All MCPRRS staff are mandated reporters of sexual abuse and/or harassment and all staff interviewed were aware of their obligations to report sexual abuse and/or harassment under agency policy.

The facility reported (0) allegations of sexual harassment, sexual abuse or sexual assault during this audit period. There were (0) number of allegations resulting in an administrative investigation in the past 12 months. There were (0) allegations referred to the law enforcement for investigation.

Conclusion:

MCPRRS policy requires reporting of sexual harassment allegations that do not rise to the level of sexual harassment as defined by the PREA standards (the standards specifically state "repeated" as a condition of the definition). MCPRRS is intentionally reporting and investigating single occurrences of sexual harassment in order to improve the conditions of confinement at the facility as they relate to PREA compliance. This practice clearly meets the requirements of this standard. Based upon the above this standard was deemed to be in full compliance.

115.231	Employee training
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1214 376">Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul data-bbox="280 385 959 582" style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • MCPRRS PREA Lesson Plan/PowerPoint • Interviews: <ul data-bbox="300 510 437 582" style="list-style-type: none"> Staff Residents <p data-bbox="280 622 588 658">Auditor Discussion:</p> <p data-bbox="280 698 1382 734">MCPRRS Policy and Procedure Implementation of the PREA #3000-64</p> <p data-bbox="280 743 1477 936">This policy requires all staff with contact with inmates to be trained as required in this standard. The training curriculum meets all aspects of this standard. This is the same curriculum used for refresher training. All staff interviewed acknowledged that they had received the initial training and refresher training (except the one officer who had less than a year on the job).</p> <p data-bbox="280 976 600 1012">Analysis/Reasoning:</p> <p data-bbox="280 1048 1469 1240">Documentation was provided to this auditor confirming staff’s understanding of the material presented. All staff interviewed were aware of their obligations related to the agency’s PREA policy, their obligations as mandated reporters of sexual abuse and/or harassment, their duties as a first responder and agency protocols related to evidence collection.</p> <p data-bbox="280 1281 1469 1482">Such training shall be tailored to the gender of the offenders at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa. The agency shall document through employee signature or electronic verification that employees understand the training they have received.</p> <p data-bbox="280 1523 1453 1724">Staff training is conducted annually. During the pre-audit, the auditor was provided with copies of the agency’s PREA curriculum, training logs, certificates of completion, training acknowledgement forms. The training curriculum meets all requirements under 115.31 (a)-1. Random staff interviews indicate staff have received the training required under 115.31.</p> <p data-bbox="280 1765 1477 2011">This standard is in compliance based on review of MCPRRS procedures, proper documentation and staff interviews. All employees of the MCPRRS are required to participate in PREA education. Each individual is required to take a test at the end of the training and pass with 100%. If they do not pass with 100%, the staff member is allowed to take the test one additional time. If they do not pass with 100% on the re-test, they will be required to retake the entire training course.</p> <p data-bbox="280 2051 1461 2087">Each person is required to also sign off on a form indicating that they have not only</p>

	<p>participated in the required training, but also verify they understand the training that was provided to them. This documentation is kept in training files.</p> <p>During the onsite audit visit, training files were reviewed and found to include the required information for each person. Interviews were conducted with staff, contractors and volunteers for the facility. All were able to provide information regarding the PREA training they have received. This information included a broad overview of the topics that have been covered in this training. When asked more specific questions regarding the training content, the majority of staff were able to discuss, with detail, the topics.</p> <p>Conclusion:</p> <p>The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA standard 115.31. The Auditor reviewed agency policy, procedures, training curriculum, attendance rosters, tests, newsletters, conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • MCPRRS PREA Lesson Plan/Contractor/Volunteer • Interviews: <ul style="list-style-type: none"> Staff Resident <p>Auditor Discussion:</p> <p>MCPRRS Policy and Procedure Implementation of the PREA #3000-64</p> <p>According to agency operating procedures all volunteers and contractors who may have contact with offenders are required to participate in PREA training. Contractors, such as medical personnel, are required to participate in the same level of training as a staff member since they have as much contact with offenders as regular employees do. They are required to participate in PREA training before any contact with offenders and also required to participate in training annually.</p> <p>Analysis/Reasoning:</p>

	<p>After the training, each participant is required to sign that they have participated and understand the information provided to them. There were 28 number of 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. In addition to the interviews conducted with the volunteer and contractors, documentation was reviewed that provided verification of the training provided to this population.</p> <p>Conclusion:</p> <p>The Auditor concluded the facility is appropriately training volunteers and contractors and staff ensures documentation of training is maintained. The Auditor determined through a review of agency policies, procedures, training curriculum, brochure, acknowledgment forms and interviewing contractors and volunteer personnel the facility meets the requirements of this standard.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • MCPRRS PREA English and Bilingual Posters • Interviews: <ul style="list-style-type: none"> Staff Residents Observations <p>Auditor Discussion:</p> <p>MCPRRS Policy and Procedure Implementation of the PREA #3000-64</p> <p>The Montgomery County Pre-Release Reentry Services (MCPRRS) has a zero-tolerance policy relating to illegal sexual acts, sexual harassment, or sexual misconduct in any of the detention facilities, places of business, and community corrections occurring programs operated by the department.</p> <p>Analysis/Reasoning:</p> <p>MCPRRS shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both</p>

	<p>respectively and expressively, using any necessary specialized vocabulary. In addition, the Department shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities.</p> <p>MCPRRS will take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals incarcerated, detained, or otherwise encountering Department facilities, programs, and activities. The policy is to ensure that language will not prevent staff from communicating effectively with LEP inmates, detainees, residents, participants and others to ensure safe and orderly operations, and that limited English proficiency will not prevent inmates, detainees, residents, participants or individuals from accessing important programs and information; understanding rules, participating in proceedings; or gaining eligibility for parole, probation, pre-trial, treatment programs, alternatives to revocation, or classifications.</p> <p>The PAQ indicated (227) residents received information on PREA and the zero-tolerance policy at intake. The number of residents transferred from a different community confinement facility during the past 12 months (0). The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information (0).</p> <p>Conclusion:</p> <p>PREA Posters in English and Spanish were clearly visible on all living units and throughout the facility. The telephone numbers for outside reporting and access to victim services are posted at each inmate telephone. Based upon the above this standard was deemed to be in full compliance.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • National Institute of Corrections (NIC) PREA (Prison Rape Elimination Act) Course • Interviews: <ul style="list-style-type: none"> Staff Investigators <p>Auditor Discussion:</p> <p>MCPRRS Policy and Procedure Implementation of the PREA #3000-64</p> <p>The Montgomery County Department of Correction and Rehabilitation (MCPRRS) has</p>

a zero-tolerance policy relating to illegal sexual acts, sexual harassment, or sexual misconduct in any of the detention facilities, places of business, and community corrections occurring programs operated by the department. MCPRRS does not conduct criminal investigations of sexual abuse and assault. Such investigations are conducted by detectives from the Montgomery County District Attorney’s Office. MCPRRS does conduct administrative investigations of sexual abuse and sexual harassment. Documentation of training for MCPRRS Investigator was provided to this auditor. A review of completed investigations demonstrated the investigators’ full understanding of the training.

National Institute of Corrections (NIC) PREA (Prison Rape Elimination Act) Course

Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. This training is a 3rd party course offered through the National Institute for Corrections. <https://nicic.gov/prison-rape-elimination-act-prea-investigating-sexual-abuse-confinement-setting-course>. The main purpose of this course is to assist agencies in meeting the requirements of Prison Rape Elimination Act (PREA) Section 115.34 “Specialized Training for Investigators”. At the end of this course, you will be able to explain the knowledge, components, and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards.

Analysis/Reasoning:

There are 2 number of investigators currently employed who have completed the required training. The Auditor conducted a interview with the facility Investigators. The Investigators informed the Auditor he had received training offered by the agency to conduct sexual abuse investigations in a confinement setting. There were no allegations in the facility within the past 12 months that required referral for criminal investigation by an Investigator.

Conclusion:

The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies, procedures, training curriculum, training records, investigative reports and conducted interviews with agency investigators to determine the agency meets the requirements of this standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- MCPRRS Policy and Procedure PREA #1200-12
- The Prison Rape Elimination Act Medical/Mental Health/Training Curriculum
- Training Records
- Interviews:
 - Medical Practitioners
 - Mental Health Practitioner

Auditor Discussion:**MCPRRS Policy and Procedure Implementation of the PREA #1200-12**

The MCPRRS Training Section staff and division training staff will ensure that all new employee orientation curriculums incorporate and train all new correctional employees and other authorized personnel who will work in any of the department's facilities in the department's zero tolerance philosophy regarding sexual crimes, sexual harassment, and sexual misconduct. Yearly training will be conducted to stress the importance of prevention and the reporting of any allegation or act of illegal sexual crimes, sexual harassment or sexual misconduct, as outlined throughout this procedure.

All qualified health care professionals participate annually in training appropriate for their positions. Full-time qualified health care professionals shall obtain at least 40 hours of training per year, 18 of which must be certified state tested. Parttime qualified health care professionals prorate their training hours based on full-time equivalency. All qualified health care professionals who have patient contact are certified in cardiopulmonary resuscitation technique. The need for additional, job specific trainings are determined by the Administrative Nurse Manager in consultation with the Nurse Manager. The RHA/RMHA is informed of training needs and assures compliance. Training is conducted by the Administrative Nurse Manager or Nurse Manager. The curricula and proof of nurse participation is retained.

The Prison Rape Elimination Act Medical/Mental Health/Training Curriculum

Specialized medical training is provided to medical and mental health practitioners utilizing the National Institute of Corrections, "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting." The specialized training includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and how to report allegations or suspicions of sexual abuse and sexual harassment. Each medical and mental health professional is provided the specialized training during their orientation and prior to performing services in the facility. The Auditor conducted formal interviews with medical and mental health practitioners. Each practitioner informed the Auditor they had received both specialized training and the training offered to all MCPRRS employees.

Analysis/Reasoning:

The Auditor was informed the training was provided during their orientation to the

facility and each year thereafter. The Auditor questioned each medical practitioner about the training topics as required by this standard. The Auditor asked each to explain how medical staff treat victims while preserving physical evidence. Each explained they treat the victim's life-threatening injuries while preserving any evidence in the process. Each explained if there are no life-threatening injuries the nurse will obtain vital sign and obtain as much information as possible from the victim while waiting transportation to the hospital.

The Auditor verified each medical practitioner has been educated regarding the requirements of this standard. The Auditor was informed medical and mental health personnel are required to attend training on an annual basis. The annual training includes a review of the agency's policies and procedures towards sexual abuse and sexual harassment and the National Institute of Corrections Specialized Medical Training. Medical personnel at the MCPRRS do not conduct forensic examinations. Forensic examinations are performed by appropriate staff at the Local Hospital.

There were 2 number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. There are 100% of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy.

Conclusion:

The Auditor concluded medical and mental health professionals at the MCPRRS have been appropriately trained. The facility maintains documentation that medical and mental health professionals have received specialized medical training and the same training offered to all MCPRRS staff. The auditor conducted a review of MCPRRS policies, procedures, training curriculum, training records and interviewed medical and mental health professional and determined the facility meets the requirements of this standard.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • Offender Records • Interviews: <ul style="list-style-type: none"> Staff Resident <p>Auditor Discussion:</p>

MCPRRS Policy and Procedure Implementation of the PREA #3000-64

1. Screening for Risk of Victimization and Abusiveness.

(a) All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

(b) Intake screening shall ordinarily take place within 24 hours of arrival at the facility.

(c) Such assessments shall be conducted using an objective screening instrument. (Initial Placement Screening Form, Intake Data Entry Form, Initial Placement Screening Summary Chart)

(d) The intake screening shall 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;

(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;

(9) The inmate's own perception of vulnerability; and

(10) Whether the inmate is detained solely for civil immigration purposes.

(e) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Department, in assessing inmates for risk of being sexually abusive.

(f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

(g) An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

(h) Inmates may not be 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.

(i) The Department shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

NOTE: Staff shall utilize the comments section on the booking forms to fully complete the assessment.

There are 227 number of inmates entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72

	<p>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. There are 227 number of 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 and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.</p> <p>Conclusion:</p> <p>The auditor interviewed intake staff and reviewed intake screening forms of random offenders. In addition, the auditor questioned random staff and offenders in reference to offender screening for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of intake. MCPRRS is in compliance of this standard.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • Interviews: <ul style="list-style-type: none"> Staff Residents <p>Auditor Discussion:</p> <p>MCPRRS Policy and Procedure Implementation of the PREA #3000-64</p> <p>V. Use of Screening Information:</p> <ol style="list-style-type: none"> a) The Department shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. b) The Department shall make individualized determinations about how to ensure the safety of each inmate. c) In deciding whether to assign a transgender or intersex inmate to a housing unit or a programming assignment, the Department shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. d) 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. e) A transgender or intersex inmate's own view with respect to his or her own safety

shall be given serious consideration.

f) Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

g) The Department shall not place lesbian, gay, bisexual, transgender, or intersex inmates 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.

h) The Department shall 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.

i) The evaluation and treatment of such victims shall 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.

j) The Department shall provide such victims with medical and mental health services consistent with the community level of care.

VI. Protective Custody:

A. Inmates at high risk for sexual victimization shall not be placed 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. If the Department can not conduct such an assessment immediately, the Department may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

B. Inmates at high risk for sexual victimization placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the Department restricts access to programs, education, and work opportunities, the Department shall document:

1. The opportunities that have been limited
2. The duration of the limitation; and
3. The reasons for such limitations

C. The department shall assign inmates at high risk for sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

Conclusion:

Based on the review of policies, form, documentation, interviews and analysis, the auditor finds the facility compliant will all provisions of this Standard.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- MCDOCR Policy and Procedure PREA #3000-64
- PRRS Guidebook
- PREA Lesson Plan
- PRRS Staff Training Roster
- PREA Notices English and Bilingual Posters
- Memorandum
- Interviews:
 - PREA Coordinator
 - Random Staff
 - Residents

Auditor Discussion:

MCDOCR Policy and Procedure Implementation of the PREA #3000-64

A. Each Division Chief will ensure that, through the orientation process and materials supplied during orientation, offenders are aware of the Department's zero-tolerance policy with regard to illegal sexual crimes, inclusive of sexual misconduct and sexual harassment. Each Division Chief will also ensure that all offenders understand that they are being encouraged to immediately report any concern or fear of possible sexual crimes to any correctional staff member, including a correctional staff member other than an immediate point-of-contact line officer or staff member.

(b)The MCDOCR Training Section staff and division training staff will ensure that all new employee orientation curriculums incorporate and train all new correctional employees and other authorized personnel who will work in any of the department's facilities in the department's zero tolerance philosophy regarding sexual crimes, sexual harassment, and sexual misconduct. Yearly training will be conducted to stress the importance of prevention and the reporting of any allegation or act of illegal sexual crimes, sexual harassment or sexual misconduct, as outlined throughout this procedure. This training may include dissemination of handouts/ brochures related to the department's zero tolerance policy on Sexual Acts/ Misconduct in the workplace and/or the reading of these procedures.

Reporting Incidents / Allegations

C. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

D. In instances of incidents involving alleged sexual crimes, sexual misconduct, or sexual harassment, the on-duty supervisor will ensure that an Incident Report (e.g. DCA-36) is processed and submitted to the facility Division Chief. Any member or authorized personnel including, but not limited to medical staff, mental health staff, social service and social work practitioners, who has knowledge of or who has received information, written or verbal, regarding commission of sexual crimes/ sexual harassment, or sexual misconduct or an offender's concern or fear that the

offender will become the victim of impending sexual crimes/sexual harassment, or sexual misconduct, must immediately notify a supervisor who will then take immediate steps to evaluate the victim's concern/allegation.

W. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to file reports relating to allegations of sexual abuse, and shall also be permitted to file such reports on behalf of inmates. Third-party allegations on behalf of an inmate can be initiated by contacting the Department's PREA investigator. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

Analysis/Reasoning:

PRRS Guidebook:

Grievance Procedures: If a resident has a grievance concerning the operation of the Pre-Release Center, he or she can make the complaint known and get a response by using the grievance procedure. A grievance can cover any issue except the following, which are not grievable:

- Adjustment actions (residents use the appeal process)
- Items covered in the State or County law
- Items the resident agrees to in his or her Program Contract and Reentry Plan
- Team decisions on individual cases concerning Level movement and parole (these are strictly discretionary decisions made by staff based upon their best judgment)

If a resident has a complaint, he or she should make this complaint known to any staff member. If at first the staff member cannot resolve the matter informally and resident is not satisfied with the response, then he or she may submit a grievance in writing on the grievance form. Grievance forms are available on each unit. The grievance should specifically describe the issue or problem and the requested remedy. The grievance must state to whom the resident has voiced the complaint informally, the response that was received, and the reason one is not satisfied with that response. Completed Grievance forms can be submitted to any staff member. The staff member receiving the grievance form will inspect it for completeness and may offer a resolution. The form is delivered to the Principal Administrative Assistant where it is logged and distributed to the PRRS Managers. The appropriate Manager will respond to the resident in writing within five (10) working days. The resident will be asked to sign grievance and respond with one of three options; 1) agree with resolution 2) disagree with resolution but do not wish to proceed further or 3) disagree with resolution and ask that grievance be forwarded to Chief of PRRS. The Chief will respond to the grievance in writing and provided to the resident within ten (10) working days. Finally, if the grievance is still not resolved at this stage, the resident has ten (10) working days to appeal the decision to the Director of the Department of Correction and Rehabilitation. The resident may do so by forwarding a written statement indicating the reasons for further appeal, supporting documentation, and proposed remedy to the Director of the Department of

	<p>Correction and Rehabilitation. Appeals to the Director will be answered within ten (10) working days. This is the final step in the grievance process.</p> <p>Per the memorandum, The Montgomery County Pre-Release Center has not had any verbal reports of sexual assault and sexual harassment since reopening in April 2023.</p> <p>Conclusion:</p> <p>The facility requires staff accept, report and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies, procedures, Inmate Guide Book, Zero Tolerance Brochure, Website, postings, investigative reports, training records, made observations, interviewed staff and offenders and determined the facility meets the requirements of this standard.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA 3000-64 • Montgomery County Police, Investigations of Rape and Sex Offenses • PREA Notices English and Bilingual Posters • Memorandum • Interview: <ul style="list-style-type: none"> Staff Residents <p>MCPRRS Policy and Procedure Implementation of the PREA #3000-64</p> <p>13. Grievance/Discipline:</p> <p>A. Emergency Grievance:</p> <ol style="list-style-type: none"> 1. Special provisions will be made for responding to grievances of an emergency nature. An emergency is generally an unforeseen combination of circumstances or the resulting state that calls for immediate action. (i.e. substantial risk of imminent sexual abuse.) The Division Administrator will determine whether a grievance is an emergency within forty eight (48) hours after receipt of the grievance. 2. If a grievance submitted as an emergency is ruled at any level not to be an emergency, it will be returned to the inmate/resident citing the reasons why the grievance is not considered an emergency. The response will also indicate that the grievance can be resubmitted as a regular grievance. 3. Emergency grievances will be forwarded immediately, without substantive review, to the level at which corrective action can be taken. It will be the duty of all correctional employees to forward the emergency grievance in an expedited fashion to the appropriate supervisory/management level within the institution. 4. Like other grievances, emergency grievances can be appealed to the Division

Administrator and to the Department Director. The Division Administrator (or the Department Director where appropriate) or designee will take prompt action (within 24 hours) upon receipt of an emergency grievance appeal. The inmate/resident will be notified in writing immediately after a decision is made in these cases.

5. Emergency grievances must be resolved and a written response provided to the inmate/resident within five (5) calendar days. The initial response and final Department decision shall document the Department's determination whether the inmate is in substantial risk of imminent sexual abuse or other danger and the action taken in response to the emergency grievance.

B. The Department shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.

C. The Department may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.

D. The Department shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

E. Nothing in this section shall restrict the Department's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

F. The Department shall 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, and such grievance is not referred to a staff member who is the subject of the complaint.

G. The Department shall issue a final 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 shall not include time consumed by inmates in preparing any administrative appeal. The Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Department shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.

H. 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, the inmate may consider the absence of a response to be a denial at that level.

I. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.

J. 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. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

K. The Department may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

L. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

M. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

N. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

O. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Analysis/Reasoning:

The Auditor conducted formal interviews with offenders. Offenders were asked to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse. Most offenders asked were aware the facility accepts allegations of sexual abuse through the grievance mechanism. Offenders were aware they could file a grievance to report sexual abuse anonymously. None of the offenders interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse.

The Auditor conducted interviews with facility staff. Staff were asked if offenders could submit a grievance alleging sexual abuse and/or alleging an imminent risk of sexual abuse. Each staff member was aware offenders could file such grievances.

Supervisors interviewed by the Auditor explained their responsibilities in responding to grievances alleging an imminent risk of sexual abuse. Supervisors informed the Auditor they take immediate action to ensure the safety of the offender.

The Auditor was informed the offender is provided a response within 8 hours. The Auditor asked what is included in the written response. The Auditor was informed the response to the offender includes whether the offender is at substantial risk of imminent sexual abuse and the supervisor's actions taken in response to the emergency grievance. The Auditor discussed disciplining an offender who has submitted an emergency grievance alleging sexual abuse in bad faith. Staff informed the Auditor they must have proof the offender submitted an allegation in bad faith.

In the past 12 months, there were (0) number of grievances filed that alleged sexual abuse. In the past 12 months, there were (0) number of grievances alleging sexual abuse that reached final decision within 90 days after being filed.

In the past 12 months, there were (0) number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days. There were (0) number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

	<p>There were (0) number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months. There were (0) number of those grievances in 115.52 (e)-3 that had an initial response within 48 hours. There were (0) number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days. In the past 12 months, there were (0) number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.</p> <p>Conclusion:</p> <p>The Auditor determined the MCPRRS has appropriate policies and procedures in place for addressing offender allegations of sexual abuse and an imminent risk of sexual abuse. Facility staff understand the agency's procedures and the offender population is aware they can submit grievances alleging sexual abuse and/or risk of imminent sexual abuse. The Auditor reviewed the agency's policies, procedures, grievances, investigative records, and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure Prison Rape Elimination Act PREA #3000-64 • Victim Assistance and Sexual Assault Program (VASAP) • Posters-English and Spanish • MCPRRS Program Guidebook • Interview: <ul style="list-style-type: none"> PREA Compliance Manager (PCM) Staff Residents <p>MCPRRS Policy and Procedure Implementation of the PREA #3000-64</p> <p>F. Any member or authorized personnel including, but not limited to medical staff, mental health staff, social service and social work practitioners, who has knowledge of or who has received information, written or verbal, regarding commission of sexual crimes/sexual harassment, or sexual misconduct or an offender's concern or fear that the offender will become the victim of impending sexual crimes/sexual harassment, or sexual misconduct, must immediately notify a supervisor who will then take immediate steps to evaluate the victim's concern/allegation. In cases where offenders are the victims, department staff will send a departmental PREA</p>

information sheet/brochure to community referral practitioners (outside counselors, therapists, etc.) and give inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies so that they are aware of PREA requirements and their role in alerting departmental staff. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. The supervisor notified will ensure proper medical treatment (if applicable) and the safety of the victim by means provided in department policies and procedures.

VASAP Crisis Center:

Each allegation is evaluated on a case-by-case basis and depending on the nature of the allegation depends on how an inmate would receive this information. The MCPRRS mental health therapists maintain a close working relationship with the Crisis Center. Through their sessions with the inmates, it is determined if the case would be forwarded to the Crisis Center or not. Many inmates feel the sessions they have with our therapists is sufficient and no further intervention is needed. If the therapist thinks it is more appropriate to have a Crisis Center therapist meet with the inmate, they would contact them and have them provide their services. A meeting room would be made available for them that ensure privacy and confidentiality. In cases where the police are involved and a medical examination is conducted at the hospital, it is the Police protocol that they would provide the inmate with advocate information. That same information can also be provided by MCPRRS if necessary. There is a folder with a number of sources and advocate information available for the auditors review once on site. MCPRRS is a part of the VASAP and provides resources to obtain these services outside of the facility.

If you are a Foreign National and want to file a report with your country's Consulate, you may request to see a supervisor or your Case Manager. Using an outside line, you can file a report by calling: Internal to MCDOCR: 240-777-9855 or to an Outside Third Party: 1-855-273-5609. Using the inmate phone system, you can dial: Internal: #77 or Outside: #88.

Analysis/Reasoning:

The facility does not house inmates detained solely for civil immigration purposes. Interviews with medical and mental health staff confirmed that inmates would be advised about confidentiality prior to accessing the services. Information is provided to residents via posters that are on display in all housing units, the Guidebook and VASAP brochure. All of these contain the telephone number and mailing address for residents to contact. Offenders can reach out to the VASAP You can report to any MCPRRS Staff Member verbally or in writing. You may also remain anonymous if you choose.

The auditor was provided with PREA Brochures in English, and Spanish. The posters contained phone numbers and mailing addresses for victim emotional support services. The auditor established telephone contact with a representative of VASAP.

	<p>They affirmed their service to MCDOCR offenders alleging sexual abuse. The facility informs offenders, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.</p> <p>Conclusion:</p> <p>The facility maintains documentation it provides emotional support services for sexual abuse victims through written agreements. Contact information with the organization is provided by intake personnel through Zero Tolerance Brochure and comprehensive education. The Resident Guidebook does not reference the Victim Assistance and Sexual Assault Program where residents can go to receive emotional support services. The Resident Guidebook is schedule for revision in June and will include the information on emotional support services. The Auditor requested that more notices concerning Victim Assistance and Sexual Assault Program (VASAP) be posted throughout the Center, especially where residents use the telephones. Auditor reviewed the MCPRRS policies, procedures, Zero Tolerance Brochure, training acknowledgements and interviewed staff, offenders and victim advocate to determine the facility meets the requirements of this standard.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Third Party Form • Agency Website • PREA Posters-English and Spanish • Interview: <ul style="list-style-type: none"> Staff Residents <p>Analysis/Reasoning:</p> <p>Reporting Methods</p> <p>The DOCR Web site provides clear information to the readers on PREA and provides information on the ways a third-party can file a PREA complaint. It also states that “All information is confidential.” Third parties can call the DOCR, they can call the Outside Answering Service, the can write to the DOCR PREA Office, and email an allegation of sexual abuse or sexual harassment. A form is available on the Web site that facilitates emailing allegations. In addition, the brochure, PREA Guide on Sexual Abuse and Assault, provides information on how a third-party can report sexual assault or misconduct and lists phone numbers and an email address for filing a</p>

	<p>complaint. Posters are visible throughout the PRRS that encourage third parties to report if they are aware of a sexual assault or harassment allegations and lists contact information. The CDOCR has taken a good practice and made it even better. For this reason, the auditors find the MCPRRS meets the standard.</p> <p>Conclusion: Based on the review of policy, documentation, interviews, the facility is in compliance with all provisions of this Standard.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • PREA Lesson Plan • Interviews: <ul style="list-style-type: none"> Staff Residents <p>Auditor Discussion:</p> <p>MCDOCR Policy and Procedure Implementation of the PREA #3000-64</p> <p>Reporting Incidents / Allegations</p> <p>A. All incidents or allegations of sexual battery, sexual misconduct and sexual harassment that occurred in a facility, whether or not it is part of the Montgomery County Department of Correction and Rehabilitation, will be reported in accordance with established policies and procedures.</p> <p>B. Reporting to Other Confinement Facilities</p> <ol style="list-style-type: none"> 1. Upon receiving an allegation that an inmate was sexually abused while confined at a non-DOCR facility, the head of the DOCR facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. 2. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. DOCR shall document that it has provided such notification. 3. The DOCR facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards. <p>C. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.</p> <p>D. In all instances of incidents involving alleged sexual crimes, sexual misconduct,</p>

or sexual harassment, the on-duty supervisor will ensure that an Incident Report (DCA-36) is processed and submitted to the facility Division Chief.

E. The perpetrator suspected of committing a sexual offense will be managed in accordance with established policies and procedures pending a complete and thorough investigation and employment of the disciplinary process (if appropriate), inclusive of external criminal charges, if applicable. Perpetrators who have been found guilty of sexual crimes, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with MCDOCR discipline policies, and possibly through judicial and/or administrative process.

F. Any member or authorized personnel including, but not limited to medical staff, mental health staff, social service and social work practitioners, who has knowledge of or who has received information, written or verbal, regarding commission of sexual crimes/sexual harassment, or sexual misconduct or an inmate's concern or fear that the inmate will become the victim of impending sexual crimes/sexual harassment, or sexual misconduct, must immediately notify a supervisor who will then take immediate steps to evaluate the victim's concern/allegation. In cases where inmates are the victims, department staff will send a departmental PREA information sheet/brochure to community referral practitioners (outside counselors, therapists, etc.) and give inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, so that they are aware of PREA requirements and their role in alerting departmental staff. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. The supervisor notified will ensure proper medical treatment (if applicable) and the safety of the victim by means provided in department policies and procedures.

G. Medical and mental health practitioners shall 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.

H. Any correctional staff member who fails to report or take immediate action regarding such incidents, or who intentionally inflicts humiliation upon the victim or informant, or who trivializes a report of alleged sexual crimes, sexual harassment, or sexual misconduct, or fails to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation may be subject to procedures outlined in MCDOCR Standards of Conduct (P&P 3000-7) and Montgomery County policy and or disciplinary measures up to and including dismissal. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

I. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in Departmental policy, to make treatment, investigation,

and other security and management decisions including housing, bed, work, education, and program assignments.

J. Inmates who have been a victim of a sexual crime, or who are aware of a sexual crime, sexual harassment, or sexual misconduct perpetrated by authorized personnel should immediately report the incident to the nearest correctional staff member or report the matter by any other means they feel comfortable with (e.g., letter to chaplain). All reasonable measures to secure the safety of the reporting offender will be implemented.

K. Victims of a sexual crime should try to preserve as much physical evidence of the crime as possible. Prior to reporting a sexual crime, there should be no showering, washing, etc., of the body and/or clothing or bed linen.

L. Staff will also ensure the preservation of any such evidence by securing the site of the crime (if possible) and the clothing or any other items of the victim and the perpetrator (if known), which may be pertinent to an investigation.

M. The Director's Office will be notified immediately by the Division Chief of any allegation of sexual crimes, sexual harassment, or sexual misconduct so that an investigation can be initiated.

N. If the inmate does not make the allegation until he/she arrives at a medical department, medical staff will immediately notify a supervisor on duty. The supervisor receiving the allegation will notify the senior supervisor on duty, who in turn will notify the Division Chief and they will notify the Director.

O. Inmate victims of sexual abuse shall 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.

T. Inmates and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment. Staff are to report any retaliation immediately to the Deputy Warden of Custody and Security.

Analysis/Reasoning:

Staff interviews indicate staff are aware the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, as well as retaliation against offenders or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

Medical and mental health staff indicate they disclose the limitations of confidentiality and their duty to report, at the initiation of services to an offender. Medical and mental health staff also acknowledged being required to report any

	<p>knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning it. Volunteers who were interviewed indicated their requirement to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility.</p> <p>The Auditor conducted formal interviews with a facility investigator. The Auditor asked the investigator if he had conducted investigations of allegations that were reported by third parties. The investigator stated he conducts investigations of all allegations no matter the reporting avenue chosen. The Auditor asked if he has conducted investigations that were made anonymously.</p> <p>The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. Each offender was asked if they were confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. Most offenders stated they do feel staff would maintain confidentiality of the information.</p> <p>The Auditor conducted a telephone interview with a facility volunteer. The volunteer was asked if he is required to report allegations of sexual abuse and sexual harassment. The volunteer stated the agency requires him to immediately report such allegations. The Auditor asked if he had received training from the facility. The volunteer stated he had received training and he was informed in training of the agency's requirement to report all allegations.</p> <p>Conclusion:</p> <p>The Auditor concluded staff, volunteers and contractors are aware of the MCPRRS requirement to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information obtained by an allegation. The Auditor reviewed agency policies, procedures, training curriculum, investigative reports and conducted interviews with staff, contractors, volunteer and offenders to determine the facility meets the requirements of this standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • Room List Spread Sheet • Interviews: <ul style="list-style-type: none"> Staff Residents

	<p>MCPRRS Policy and Procedure Implementation of the PREA #3000-64</p> <p>Agency Protection Duties: -When authorized personnel learn that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The facility reported there were no instances in the previous 12 months where facility personnel learned an offender was identified at a substantial risk of imminent sexual abuse. There was no offender who alleged an imminent risk of sexual abuse in the previous 12 months.</p> <p>The Auditor conducted formal interviews with facility supervisors. Supervisors were asked to explain what steps are taken to protect an offender after learning the offender is at a substantial risk of imminent sexual abuse.</p> <p>The Auditor was informed the potential victim and potential aggressor would be separated from one another. The facility investigator would immediately be notified so an investigation could begin to determine the risk. One of the offenders would be moved to another housing unit to maintain the safety of both offenders.</p> <p>Randomly selected staff were interviewed by the Auditor. Each was asked what steps they would take after learning an offender was at imminent risk of substantial sexual abuse. Each informed the Auditor they would immediately notify their supervisor and stay with the at-risk offender.</p> <p>The Auditor participated in a detailed tour of the MCPRRS. The Auditor observed multiple housing units that provide an opportunity to ensure offenders who are identified at a substantial risk of imminent sexual abuse could be housed safely from a potential aggressor. The facility has the ability to transfer offenders to another facility if the offender could not be housed safely.</p> <p>Conclusion:</p> <p>The Auditor concluded the MCPRRS takes immediate and appropriate actions to ensure the protection of offenders who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed agency policy, procedures, and conducted interviews with staff and residents, made observations and determined the MCPRRS meets the requirements of this standard.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>MCPRRS Policy and Procedure PREA #3000-64</p> <p>Memorandum</p> <p>Interviews: Staff</p>

Auditor Discussion:

MCPRRS Policy and Procedure Implementation of the PREA #3000-64

B. Reporting to Other Confinement Facilities

1. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.
2. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification.
3. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.

Analysis/Reasoning:

The MCPRRS reported there were no allegations received that an offender had allegedly been sexually abuse while confined at another facility. The facility reported there were no notifications received from another facility that a former MCPRRS offender alleged sexual abuse while incarcerated at the Montgomery County Pre-Release Reentry Services.

The Auditor conducted formal interviews with MCPRRS staff. Each staff member was asked that actions they take if an offender alleges to have been sexual abused while confined at another facility. Each staff member stated they would immediately report the allegation to their supervisor and submit an Incident Report including the details of the allegation as reported to them. The Auditor asked facility supervisors what their actions would be after receiving such information.

The Auditor was informed the agency investigator would immediately be notified. The investigator stated he would ensure the Facility Director is notified so proper notification could be made in a timely manner. The investigator stated he would conduct an investigation into the allegation.

The Auditor conducted a formal interview with the Facility's Director. The Facility Director explained he notifies another facility once the MCPRRS receives an allegation that an offender alleges suffering sexual abuse at another facility. The Facility Director places a telephone call followed by an email to make notification. When asked when the notification would occur the Facility Director explained he has up to 72 hours to make the notification but would make the notification as soon as he receives it.

The Auditor asked the Facility Director to explain what takes place when he receives notification from another facility that a former MCPRRS offender has alleged suffering sexual abuse at the MCPRRS.

The Facility Director stated he would ensure the investigator is notified so an

	<p>investigation would be conducted. The Facility Director explained there has not been an instance where he has had to notify another facility and has received no notices from another facility since he has been assigned to the Montgomery County Pre-Release Reentry Services. The Auditor discussed notification requirements of this standard with the Facility Director. The Facility Director is clear of the requirements.</p> <p>Conclusion:</p> <p>The Auditor reviewed the agency's policies, procedures, and conducted interviews with agency staff and determined the facility has appropriate procedures in place to comply with this standard. Although the facility's Facility Director has not been required to make a notification in the previous 12 months, he is clear on the notification requirements. The Auditor determined the facility meets the requirements of this standard.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • PREA Retaliation Prevention and Protection Monitoring Worksheet • Interviews: <ul style="list-style-type: none"> Security First Responders Non-Security First Responders <p>Auditor Discussion:</p> <p>MCPRRS Policy and Procedure Implementation of the PREA #3000-64</p> <p>(a) First responders should immediately ensure the safety of the reporter by separating the alleged victim and abuser, secure the scene of the incident (if applicable) and immediately contact a supervisor.</p> <p>(b) A supervisor will conduct an immediate interview with the victim to determine whether the collection of physical evidence is indicated. If physical evidence is indicated, the supervisor should take all necessary steps to ensure the preservation of evidence (as outlined in department policy).</p> <p>(c) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>(f) In the cases of rape or sexual offenses where evidence may be available, request the victim and ensure the perpetrator (if known) do not take any actions that could destroy physical evidence such as washing or showering in any manner, brushing teeth, urinating, defecating, smoking, drinking, eating and clothing and bed linens should be treated as evidence as well.</p>

The Auditor conducted interviews with security and non-security staff first responders. All security first responders were asked to explain the actions they take when responding to a sexual abuse incident. First responders stated they would maintain separation of the victim and abuser and immediately notify the Supervisor. Security staff stated they would request the victim and ensure the abuser not shower, eat, use the restroom, brush their teeth, drink or take any actions that could destroy physical evidence.

The Auditor asked each what action they take regarding the crime scene. Staff stated they ensure the crime scene is secured. The Auditor asked each if they knew who would be allowed in the crime scene to process the evidence. Staff understood the MCPRRS Investigator would process evidence from the crime scene.

The Auditor reviewed the agency's training records. Training curriculum includes first responder duties of both security and non-security personnel. The Auditor observed all staff, contractors and volunteers have been trained to appropriately respond to incidents of sexual abuse.

The Auditor conducted formal interviews with non-security first responders. Non-security first responders informed the Auditor they have received training by the agency to respond to incidents of sexual abuse.

The Auditor asked each what action they would take if they discovered an offender had been sexually abused. Each informed the Auditor they would remain with the offender and immediately notify a security staff member. Each was asked if they would be required to write a report regarding their knowledge and actions in response to the information. Each stated they are required to document such.

The Auditor asked how they ensure any evidence would be protected. Each non-security first responder stated they would ask the offender not to take any actions that would destroy physical evidence. The Auditor asked each what action would destroy evidence.

The Auditor was informed brushing teeth, using the bathroom, bathing, eating and drinking could potentially destroy physical evidence. The Auditor conducted formal interviews with medical practitioners. The practitioners have been trained to treat an offender while preserving physical evidence.

The Auditor was informed medical staff immediately treat any life-threatening injuries. If the victim has no life-threatening injuries medical personnel collect the offender's vital signs and speak to the victim until transported to the hospital for a forensic examination. The Auditor was informed any clothing or other evidence removed from the victim while treating a life-threatening injury would be provided to the Special Investigations Unit Investigator. The medical practitioner stated medical personnel attempt to preserve any evidence while treating the victim.

The MCPRRS reported (0) allegations of sexual abuse were received within the previous 12 months. There were (0) instances that required a security staff member or non-security staff member follow the first responder duties as required by this

standard. In the past 12 months, there were (0) number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, (0) number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence; and (0) number of times the first security staff member to respond to the report requested 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. Of the allegations that an inmate was sexually abused made in the past 12 months, the (0) number of times a non-security staff member was the first responder; and of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence were (0). There were (0) number of allegations responded to first by a non-security staff member.

Conclusion:

The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed by the Auditor appeared proficient in their duties. The Auditor reviewed agency policies, procedure sand interviewed staff and determined the facility meets the requirements of this standard.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • PREA Retaliation Prevention and Protection Monitoring Worksheet • PREA Incident Review Form • PREA Investigative Report Form <p>Interviews: Staff Residents</p> <p>Auditor Discussion:</p> <p>MCPRRS Policy and Procedure Implementation of the PREA #3000-64</p> <p>5. Guidelines for Staff Action Following Receipt of an Allegation of Sexual Crime The following steps should be taken after receiving an allegation of a sexual crime:</p>

- (a) First responders should immediately ensure the safety of the reporter by separating the alleged victim and abuser, secure the scene of the incident (if applicable) and immediately contact a supervisor.
- (b) A supervisor will conduct an immediate interview with the victim to determine whether the collection of physical evidence is indicated. If physical evidence is indicated, the supervisor should take all necessary steps to ensure the preservation of evidence (as outlined in department policy).
- (c) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.
- (d) The supervisor shall contact the Montgomery County Police Department and request a unit to respond to the facility to conduct an investigation into alleged sexual crimes. Investigations into the crime of "Indecent Exposure to Correctional Employee" shall in most cases be handled by Persons with the Powers of Arrest.
- (e) Any unethical act/behavior of sexual abuse or sexual misconduct committed by MCDOCR licensed professional staff or other authorized personnel, upon substantiated allegation, may result in reporting the matter to the professionals licensing agency.
- (f) In the cases of rape or sexual offenses where evidence may be available, request the victim and ensure the perpetrator (if known) do not take any actions that could destroy physical evidence such as washing or showering in any manner, brushing teeth, urinating, defecating, smoking, drinking, eating and clothing and bed linens should be treated as evidence as well.
- (g) No attempt will be made to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition.
- (h) The victim shall be transported and/or required to go to the emergency room as soon as possible. MCDOCR Medical staff does not conduct Sexual Assault Forensic Examinations. The examination shall be conducted without financial cost to the victim where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) where possible. If SAFE or SANE are not available, the examination can be performed by other qualified practitioners or hospital staff. The Department shall document its efforts to provide SAFEs or SANEs.
- (i) Law Enforcement personnel accompanying an offender victim to the emergency room will ensure that a standard medical "sexual assault kit" is requested.
- (j) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.
- (k) For offender victims, medical staff will ensure that all necessary written documents are completed (with the above actions completely and accurately listed, as they have occurred) and will maintain these documents in the offenders' medical records.
- (l) Upon the offender's return to the facility, medical staff will make a mental health referral (DCA-100) for evaluation and counseling, at a minimum, for the next

working day. Medical staff must ascertain what tests the offender received at the emergency room. Copies of those results will be obtained and placed in the offenders' medical records. The medical records of offender victims and suspected offender perpetrators (only if identified by the Directors Office as a Suspect) will be reviewed and appropriate testing identified.

(m) For offender victims and perpetrators, medical staff will ensure provisions are made for testing for sexually transmitted diseases, unless already completed by emergency room personnel.

(n) Regardless of the results of the tests, preventative and protective education, including information about symptoms and transmission, will be provided to offender victims and alleged offender perpetrators, and treatment will also be offered, as appropriate.

(o) Treatment services shall 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.

(p) Reporting of offenders assessed by the medical department, for those sexual crimes reported, will be an integral part of post-sexual crimes treatment and referral. In order to ensure and maintain privacy of information, the Health Administrator shall be contacted to determine what information may be reported and to whom the information can be reported to.

(q) Since the Department does not offer therapy, counseling, and other interventions designed to address and correct underlying reasons or motivations for the abuse, the Department does not consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

(r) The Department shall 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.

(s) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

(t) If pregnancy results from the conduct described in section (s) above, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

6. Sexual Abuse Incident Reviews:

A. The Department shall 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.

B. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

C. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

D. The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise

caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (D) (1)-(D)(5) of this section and any recommendations for improvement and submit such report to the Department head and PREA compliance manager.

E. The Department shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Analysis/Reasoning:

All staff interviewed were able to articulate their first responder duties. All staff receive training regarding first responder duties. The Auditor conducted formal interviews with offenders. Offenders were asked if they feel safe in the facility. Most stated they do feel safe in the facility. Offenders were asked if they are confident in staff's abilities to respond to incidents of sexual abuse. Most offenders interviewed stated they are confident in staff's abilities. Offenders informed the Auditor staff are helpful to the population. The Auditor asked each offender if they had ever heard of or seen an incident of sexual abuse occurring at the facility, none had.

There were no offenders incarcerated at the time of the audit who filed an allegation of sexual abuse. The facility reported no allegations of sexual abuse were received in the past 12 months. Through interviews the Auditor determined staff understands they are required to immediately ensure the safety of each offender who alleges sexual abuse. There were no incidents that required staff implement first responder duties as required in the facility's policy.

Conclusion:

The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained its personnel to follow the plan. Based on a review of the agency's policies, procedures, and interviews with staff and offenders, the Auditor determined the MCPRRS meets the requirements of this standard.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Collective Bargaining Agreement • Interviews: Staff <p>The collective bargaining agreement is made and entered into this 1st day of July, 2023, between by Montgomery County, Maryland (hereinafter to as “Employer”) and the Municipal & County Government Employees Organization/Unit Food and Commercial Workers Union local, 1994, (hereinafter referred to as the "Union") was reviewed by this auditor.</p> <p>There is nothing in the contract that would violate this standard. The contract very clearly states that the county retains all rights in supervising and directing the work force; to reprimand, suspend, discharge or otherwise discipline employees for cause. Montgomery County Pre-Release Reentry Services “Prison Rape Elimination Act” specifically states that termination will be the discipline for sexual abuse of inmates. Documentation of a staff member being terminated for misconduct was provided to this auditor. Documentation of staff being separated from the alleged victim pending the outcome of the investigation was also provided.</p> <p>Conclusion:</p> <p>The Auditor determined the facility meets the requirements of this standard.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>MCPRRS Policy and Procedure PREA #3000-64 Memorandum Interviews: Retaliation Monitor Residents</p> <p>Auditor Discussion:</p> <p>MCPRRS Policy and Procedure PREA #3000-64</p> <p>H. Any correctional staff member who fails to report or take immediate action regarding such incidents, or who trivializes a report of alleged sexual crimes, sexual harassment, or sexual misconduct, or fails to report a staff neglect or violation of responsibilities that may have contributed to an incident or retaliation may be subject to procedures outlined in MCDOCR Standards of Conduct (P&P 3000-7) and Montgomery County policy. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate</p>

	<p>measures to protect that individual against retaliation.</p> <p>T. Inmates and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment. Staff are to report any retaliation immediately to the Deputy Warden of Custody and Security.</p> <p>V. For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Department shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of inmates, such monitoring shall also include periodic status checks. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Analysis/Reasoning:</p> <p>The facility reports that there were no reports or complaints of retaliation during this audit period. Appropriate measures would be taken to stop retaliation. These measures would include transfer of the inmate(s) retaliator; keep separate orders (inmate from inmate and inmate from staff) and transfers to other county jails.</p> <p>Conclusion:</p> <p>The Auditor determined the agency has appropriate policies and practices in place to ensure staff and offenders are protected from retaliation. The Auditor reviewed the MCPRRS policies, procedures, retaliation monitoring log, investigative reports, conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MCPRRS Policy and Procedure PREA #3000-64 Investigative Records Investigative Matrix Interviews with Investigators</p> <p>Auditor Discussion:</p> <p>MCPRRS Policy and Procedure PREA #3000-64</p> <p>Note: The department will immediately start an investigation whenever an alleged sexual crime, sexual harassment, sexual misconduct (or threats of the same) is</p>

reported.

E. The perpetrator suspected of committing a sexual battery will be managed in accordance with established policies and procedures pending a complete and thorough investigation and employment of the disciplinary process (if appropriate), inclusive of external criminal charges, if applicable. Perpetrators who have been found guilty of sexual crimes, or sexual harassment, through the course of either internal or external hearings will be processed in accordance with MCDOCR discipline policies, and possibly through judicial and/or administrative process.

H. Any correctional staff member who fails to report or take immediate action regarding such incidents, or who intentionally inflicts humiliation upon the victim or informant, or who trivializes a report of alleged sexual crimes, sexual harassment, or sexual misconduct, or fails to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation may be subject to procedures outlined in MCDOCR Standards of Conduct (P&P 3000-7) and Montgomery County policy. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

L. Staff will also ensure the preservation of any such evidence by securing the site of the crime (if possible) and the clothing or any other items of the victim and the perpetrator (if known), which may be pertinent to an investigation.

M. The Directors Office will be notified immediately by the Division Chief of any allegation of sexual crimes, sexual harassment, or sexual misconduct so that an investigation can be initiated.

(d) The supervisor shall contact the Montgomery County Police Department and request a unit to respond to the facility to conduct an investigation into alleged sexual crimes. Investigations into the crime of "Indecent Exposure to Correctional Employee" shall in most cases be handled by persons with the Powers of Arrest.

VII. Criminal and Administrative Agency Investigations

A. When the Department conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

B. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations.

C. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

D. When the quality of evidence appears to support criminal prosecution, the investigating Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

E. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. The Department shall not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

F. Administrative investigations:

1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

3. The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated

G. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

H. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

I. The agency shall retain all written reports referenced in paragraphs (F) and (G) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

J. The departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation.

K. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

L. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation

7. Case Records

(a) All case records associated with reports of sexual crimes, sexual harassment, and sexual misconduct, including incident reports, investigative reports, perpetrator and victim information, case disposition, and copies of medical and counseling evaluation findings, recommendations for post-release treatment and/or counseling will be retained in the office of the MCDOCR Deputy Warden of Programs and Services, for a period of five (5) years after the date the investigation concluded.

Montgomery County Pre-Release Reentry Services does not conduct criminal investigations of sexual abuse and/or sexual assault.

Those are conducted by detectives from the Montgomery County District Attorney’s Office. MCPRRS Policy and Procedure “Prison Rape Elimination Act”, complies with this standard relative to administrative investigations. MCPRRS investigators completed specialized PREA investigations training and follow the protocols there in when conducting initial investigations related to allegations of sexual abuse and sexual harassment. Documentation of this training was provided to this auditor. A review of prior sexual harassment investigation reports confirmed the investigators’ understanding of this policy and their training.

The Auditor conducted a formal interview with a facility investigator. The investigator discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim. During the investigation he interviews the alleged victim, perpetrator and all witnesses, including staff witnesses. The Auditor asked what information is reviewed concerning the victim and abuser. The Investigator stated he reviews criminal record, institutional history, grievances, discipline history, Incident Reports, Request Forms, video footage, telephone records, previous complaints and any other relevant information. The investigator was asked how he determines the credibility of a victim, abuser and witnesses.

The Auditor was informed credibility is not based solely on a person's status and is based on a review of documents, information, video footage, phone records, and statements made during the interview and subsequent interviews.

The Auditor asked each Investigator and the PREA/ADA Analyst how long they maintain investigative records. The Auditor was informed the data is maintained for at least 5 years after the abuser has either been released or is no longer employed by the MCPRRS. Each Investigator was asked if they require the victim to submit to a polygraph examination or other truth telling device. The Auditor was informed they do not polygraph an alleged victim or use any other truth telling device.

Conclusion:

There was (0) number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later. The Auditor reviewed agency policy, procedures, training records, investigative records, investigative matrix, made observations, interviewed staff and offenders to determine the facility meets the requirements of this standard.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy, Materials, Interviews and Other Evidence Reviewed <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64

	<ul style="list-style-type: none"> • Investigative Records • Interviews: Investigators <p>Auditor Discussion:</p> <p>MCDOCR Policy and Procedure PREA #3000-64</p> <p>F. Administrative investigations:</p> <ol style="list-style-type: none"> 1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and 2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. 3. The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. <p>Analysis/Reasoning:</p> <p>The Auditor conducted a formal interview with facility Sexual Abuse Investigators. Each Investigator informed the Auditor the agency's policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked the investigators to explain the meaning of preponderance. Investigators explained a preponderance means there is more evidence to justify the investigator's determination.</p> <p>Conclusion:</p> <p>The Auditor was able to determine Investigators understand preponderance as the basis for determining investigative outcomes. The Auditor reviewed the agency's policies, procedures, investigative reports and interviewed facility Investigators and determined the facility meets the requirements of this standard.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • Notification Forms • Interviews: Staff Residents <p>Auditor Discussion:</p>

MCPRRS Policy and Procedure PREA #3000-64

VIII. Reporting to Inmates

A. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in a Department facility, the Department shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

E. All such notifications or attempted notifications shall be documented. Following an investigation into an offender's allegation that they suffered sexual abuse or sexual harassment in a MCPRRS facility, the offender must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Analysis/Reasoning:

MCPRRS Policy 3000-64 requires that all inmates who make an allegation of sexual harassment or sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The inmate is provided a written decision of this decision by the facility Investigator. This policy requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged.

There were no cases involving this type of conduct requiring this notification within the last 12 months. It also requires where the cases against another inmate results in and indictment and trial the victim is appraised of the outcome of both. There were (0) number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, there were (0) number of inmates who were notified, verbally or in writing, of the results of the investigation. There were (0) number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, there were (0) number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation.

Conclusion:

In the past 12 months, there were (0) number of notifications to inmates that were provided pursuant to this standard. Of those notifications made in the past 12 months, (0) were documented. Based upon the above this standard was deemed to be in full compliance.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- MCPRRS Policy and Procedure PREA (Staff Sexual Misconduct) #3000-64
- Memorandum
- Interviews:
Staff

Auditor Discussion:

MCPRRS Policy and Procedure PREA #3000-64

Staff Sexual Misconduct

C. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The Auditor conducted formal interviews with facility staff. The Auditor asked if staff were aware of the disciplinary sanctions for violating the agency's sexual abuse policies. Staff informed the Auditor they would be terminated for participating in an act of sexual abuse. Staff were also aware the MCDOCR reports criminal violations to law enforcement agencies. The agency's command staff has a zero-tolerance approach and disciplines staff for violating the agency's sexual abuse and sexual harassment policies. Command staff interviewed by the Auditor stated any employee who violates sexual abuse and sexual harassment policies are immediately removed from contact with offenders and disciplined for such policy violations. Disciplinary recommendations for violating sexual harassment policies are dependent upon the circumstances of the act.

Analysis/Reasoning:

The Auditor was informed by command staff that an employee who commits an act of sexual abuse will be terminated. The Auditor conducted formal interviews with facility Investigators. Investigators informed the Auditor if the act was criminal in nature the investigator would contact the Montgomery County District Attorney's Office for a criminal investigation. Facility investigators immediately cease efforts once a determination is made that sufficient evidence appears to support criminal activity.

Each Investigator coordinates with the Montgomery County District Attorney's Office and assists in their efforts when requested by the Montgomery County District Attorney's Detectives. The Auditor asked how the investigation is handled if the act was not criminal in nature. The Detective continues the investigation until a determination is made. The results of the investigation are shared with command staff so appropriate discipline against a staff member can be sanctioned if warranted.

In the past 12 months, there were (0) number of staff from the facility who have violated agency sexual abuse or sexual harassment policies. In the past 12 months,

there were (0) number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. In the past 12 months, there were (0) number of 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). In the past 12 months, there were (0) number of 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.

Conclusion:

During this audit period, MCPRRS did not report referrals to any Law Enforcement agencies or relevant licensing bodies and did not have any staff that was disciplined or terminated for violating the agency’s sexual abuse or sexual harassment policy. The Auditor determined the agency has appropriate policies and practices in place to ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The agency makes termination the presumptive discipline measure for engaging in acts of sexual violence. The agency reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Auditor reviewed the agency's policies, procedures, investigative records, and conducted interviews with staff and determined the agency meets the requirements of this standard.

115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA (Staff Sexual Misconduct) #3000-64 • Interviews: <ul style="list-style-type: none"> Contractors Volunteer Staff <p>MCDOCR Policy and Procedure PREA #3000-64 Staff Sexual Misconduct D. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Analysis/Reasoning:</p>

	<p>The MCDOCR reported there were no incidents in which a volunteer or contractor engaged in or was alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with a volunteer and contract personnel. Each were asked what actions would be taken against them for violating sexual abuse or sexual harassment policies. The volunteer and contractors informed the Auditor they would be terminated from the facility.</p> <p>The Auditor asked if each is aware they would be reported to a law enforcement agency if found to have committed a criminal act of sexual abuse. Each is aware the facility reports criminal violations of sexual abuse policies to the appropriate law enforcement agency. Volunteers and contractors are made aware of the MCPRRS sexual abuse and sexual harassment policies during their initial training and prior to providing services in the facility. Each volunteer and contractor attend training and signs a form of receipt of such.</p> <p>The facility provides each volunteer and contractor "A Guide to Maintaining Appropriate Boundaries with Offenders Brochure" during their orientation. All volunteers and contractors are required to read the agency's policies and procedures related to sexual abuse and sexual harassment and sign a receipt after doing so. The Auditor verified through training records each volunteer and contractor in the facility had received training and reviewed the policies. The Auditor conducted a telephone interview with a volunteer. The Volunteer was aware the agency would report criminal acts of sexual abuse to law enforcement. In the past 12 months, there were (0) number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.</p> <p>Conclusion:</p> <p>The MCPRRS maintains appropriate policies to ensure contractors and volunteers at the MCPRRS are removed from offender contact after committing an act of sexual abuse or sexual harassment of an offender. The Auditor reviewed the agency's policies, procedures, training records, training curriculum and conducted formal interviews with staff, volunteer and contractors to determine the facility meets the requirements of this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>MCDOCR Policy and Procedure PREA (Staff Sexual Misconduct) #3000-64 MCPRRS Guidebook Interviews:</p>

Investigator
Medical Practitioners
Mental Health Practitioner
Residents

Auditor Discussion:

MCDOCR Policy and Procedure PREA #3000-64

D. The Department prohibits all sexual activity between inmates and will discipline inmates for such activity. The Department may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

L. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Analysis/Reasoning:

The Auditor conducted formal interviews with facility Investigators. Investigators informed the Auditor disciplinary charges are placed following a substantiated administrative allegation of sexual abuse and/or following a criminal finding of guilt. Disciplinary charges are not placed on an offender for filing an allegation unless the facility can prove the offender made the allegation in bad faith. Each Investigator was asked if charges are placed on offenders if an act is consensual.

The Auditor was informed disciplinary charges are placed on offenders for participating in sexual activity. Investigators explained offenders who participate in a consensual sex act are not charged for a sexual abuse related offense.

The Auditor conducted a formal interview with medical health practitioners. The Auditor asked what services are offered to offenders. Offenders are offered counseling, therapy and other intervention services. The Auditor asked if residents are required to participate in any meetings or sessions.

The Auditor was informed offenders are not forced to participate in any mental health service offered at the facility. Medical and mental health services are offered to all offenders. Offenders maintain the right to refuse services. The mental health practitioner informed the Auditor her department is involved following an act of sexual abuse, including a consideration of whether mental disabilities may have contributed to the incident. In the past 12 months, there were (0) number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past 12 months, there were (0) number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

Conclusion:

The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is

	<p>applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies, procedures, offender records, interviewed staff and offenders. The Auditor determined the facility meets the requirements of this standard.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policy, Materials, Interviews and Other Evidence Reviewed MCPRRS Policy and Procedure PREA #3000-64 PREA Investigative Form Victim Assistance and Sexual Assault Program (VASAP) Interviews: Medical Practitioners Mental Health Practitioner Staff Residents</p> <p>Auditor Discussion:</p> <p>MCDOCR Policy and Procedure PREA #3000-64</p> <p>(h) The victim shall be transported and/or required to go to the emergency room as soon as possible. MCDOCR Medical staff does not conduct Sexual Assault Forensic Examinations. The examination shall be conducted without financial cost to the victim where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) where possible. If SAFE or SANE are not available, the examination can be performed by other qualified practitioners or hospital staff. The Department shall document its efforts to provide SAFEs or SANEs.</p> <p>(o) Treatment services shall 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.</p> <p>Analysis/Reasoning:</p> <p>Both the Mental Health Practitioner and Medical Practitioner both stated that the nature and scope of the services provided are based according to their professional judgment. If it is required, the outside hospital typically starts the medication and it is then continued at the institution. All treatment services are 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. If an offender victim requires medical attention, there is 24-hour medical department at the facility. If the incident is reported in a timeframe for the collection of evidence, the decision to</p>

	<p>send an inmate out for the forensic examination is based on professional opinion of the staff working in the medical department. According to policy “treatment services 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.”</p> <p>Conclusion: The Auditor determined the facility provides offenders access to timely and unimpeded access to emergency medical services. Medical practitioners provide offender victims emergency contraception and sexually transmitted infections prophylaxis. The Auditor reviewed the agency's policies, procedures, and interviewed staff, offenders and SANE. The Auditor determined the agency meets the requirements of this standard.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • Interviews: <ul style="list-style-type: none"> Medical Practitioners SANE Staff <p>Auditor Discussion:</p> <p>MCDOCR Policy and Procedure PREA #3000-64</p> <p>(h) The Department shall 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.</p> <p>(i) The evaluation and treatment of such victims shall 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.</p> <p>(s) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnant tests.</p> <p>(m) For offender victims and perpetrators, medical staff will ensure provisions are made for testing for sexually transmitted diseases, unless already completed by emergency room personnel.</p>

	<p>Analysis/Reasoning:</p> <p>Residents victims have the right to follow up and counseling services after they have been abused at the facility. These services are all provided to the offender victim regardless of whether the offender names their abuser or agrees to cooperate with the investigation. If an offender is sent out for a forensic medical examination, they will be required to come back to medical when they arrive at the facility. This gives the medical personnel time to review the documentation provided by the hospital and follow those recommendations. When questioned about whether the level of care offender victims receive at the facility is equal to or higher than the level provided in the community at large, the answer was better than what the offender can expect in the community. The mental health personnel at the facility are able to provide reasonable care to those that are lower functioning.</p> <p>Conclusion:</p> <p>The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infection prophylaxis and make referrals for continued care when necessary. The services provided to offender victims are consistent with a community level of care. The Auditor reviewed policies, procedures, offender records, interviewed offenders, SANE and medical and mental health practitioners to determine the facility meets the requirements of this standard.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • MCPRRS Policy and Procedure PREA #3000-64 • Investigative Reports • PREA Report of Incident Review • Interviews: <ul style="list-style-type: none"> Staff <p>Auditor Discussion:</p> <p>MCDOCR Policy and Procedure PREA #3000-64</p> <p>6. Sexual Abuse Incident Reviews:</p> <p>A. The Department shall 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.</p> <p>B. Such review shall ordinarily occur within 30 days of the conclusion of the</p>

investigation.

C. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

D. The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (D) (1)-(D)(5) of this section, and any recommendations for improvement and submit such report to the Department head and PREA compliance manager.

E. The Department shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Sexual abuse incident reviews are part of the investigation process. Once an investigation has been completed, an outcome is determined and the Montgomery County Police Department indicates it is also completed its investigation and has an outcome, if applicable, then an incident review of the process and system is scheduled.

Analysis/Reasoning:

The department has developed a form to be utilized during this review process. It contains questions with all the appropriate pieces to determine if a case was handled appropriately. If there are any problems that are identified, this committee, typically consisting for the following, will identify the problem, and figure out how to make this form work for them.

Deputy Chief of Security and Facilities/PREA

Deputy Chief of Programs and Services

Responsible Health Administrator

Other Reentry Services

This review is required to be held within (30) days of the conclusion of the case. In the past 12 months, there were (0) number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. In the past 12 months, there were (0) number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

Conclusion:

	<p>The Auditor determined the facility understands the requirement to conduct an incident review within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review on a formatted form. The Auditor reviewed the MCDOCR policies, procedures, PREA Report of Incident Review, investigative records and conducted interviews with staff and determined the facility meets the requirements of this standard.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed MCPRRS Policy and Procedure PREA #3000-64 Agency Website Annual Reports Surveys of Sexual Violence</p> <p>MCDOCR Policy and Procedure PREA #3000-64</p> <p>8. Data, where used herein, refers to the information collected from the appropriate division and processed by the Director's Office, regarding incidents or allegations of incidents of illegal sexual acts, sexual harassment, and sexual misconduct.</p> <p>(b) Each Division Chief is responsible for maintaining full data on investigations of sexual crimes, sexual harassment, and sexual misconduct that may occur in their respective facility.</p> <p>IX. Data: Collection:</p> <p>A. The Department shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instruments and set of definitions.</p> <p>B. The Department shall aggregate the incident-based sexual abuse data at least annually</p> <p>C. The incident-based data collected shall 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.</p> <p>D. The Department shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>E. Upon request, the Department shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>F. The Department shall ensure that the collected data is securely retained.</p> <p>G. The Department shall make all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually through the</p>

	<p>Department website.</p> <p>1. Prior to making the aggregated sexual abuse data public, all personal identifiers shall be removed.</p> <p>H. All sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection.</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency’s 2023 Annual Reports published on the Montgomery County Pre-Release Reentry Services website. Each report includes data aggregated from July 1st through December 31st, 2023. The report was easily accessible as the agency’s website was simple to navigate. MCDOCR does not contract for the confinement of inmates. There has been no request for Department of Justice request for agency data.</p> <p>The Auditor interviewed the Agency Wide PREA Coordinator concerning the collection of sexual abuse data in agency facilities. All data is derived from investigative reports, Incident Reports, Incident Reviews, and all supporting documents in investigative records. Data is reported to the PREA Hotline Coordinator who is responsible for maintaining and compiling the annual data. All data derived from the MCPRRS is securely maintained in the Investigator's locked office.</p> <p>Conclusion:</p> <p>The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the agency's policies, procedures, website, annual reports, Survey of Sexual Violence and interviewed staff and determined the facility meets the requirements of this standard.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>MCDOCR Policy and Procedure PREA #3000-64 Agency Website Annual Reports Interview with Staff</p> <p>The agency’s public website was reviewed by this auditor. The most recent, available annual PREA report is available via the website. The annual report addresses all elements of this standard. MCPRRS Policy and Procedure, “Prison Rape Elimination Act”, page 6 addresses the retention requirements of this standard. Based upon the above this standard was deemed to be in full compliance.</p>

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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed MCPRRS Policy and Procedure PREA #3000-64 Interview: Staff Observations</p> <p>Auditor Discussion:</p> <p>MCDOCR Policy and Procedure PREA #3000-64 F. The Department shall ensure that the collected data is securely retained. G. The Department shall make all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually through the Department website. 1. Prior to making the aggregated sexual abuse data public, all personal identifiers shall be removed.</p> <p>Analysis/Reasoning:</p> <p>The Auditor reviewed the agency's website. The website included annual sexual abuse data collection in an annual report. The Auditor observed data collected from 2023, There were no personal identifiers included in any agency annual reports. The Auditor was informed sexual abuse and sexual harassment data is maintained by the PREA Hotline Coordinator for a minimum of 10 years after collection. A username and password are required to gain access to the computer used by the PREA Hotline Coordinator. All investigative data used to compile the data is maintained in the Investigator's and PCM's locked offices and on their computer that require a username and password. The Auditor observed the office of the Investigator and PCM.</p> <p>Conclusion: The Auditor reviewed the agency's website, annual reports, made observations and interviewed staff to determine the agency meets the requirements of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Policy, Materials, Interviews and Other Evidence Reviewed Previous PREA audit report Facility Tour Interactions with Staff</p> <p>The facility conducted this audit during the third year of the current audit cycle. The Auditor was provided and reviewed the relevant policies, procedures, documents and other applicable reports to assist with rendering a decision on the facility's level of compliance with relevant standards. The Auditor reviewed a relevant sampling of documentation from the previous 12-month period. The facility allowed the Auditor to conduct formal interviews with offenders and staff. Agency personnel provided the Auditor with a detailed tour, allowing the Auditor access to all areas in the facility. During the audit the facility provided additional documents that were requested by the Auditor to aid in a determination of the facility's level of compliance. The Auditor observed camera placements and reviewed monitors to ensure offenders were not able to be viewed naked by a staff member of the opposite sex through the facility's video system. The offender population was allowed to correspond confidentially with the Auditor prior to the Auditor's arrival.</p> <p>The Auditor reviewed the agency's previous PREA audit report and observed the facility complied with all standards. The Auditor communicated with a victim advocate with the VASAP Crisis Center and the Sexual Assault Nurse Examiner with the local hospital to gain an understanding of services offered through the Memorandums of Understanding with the MCPRRS.</p> <p>While touring the female housing area, the door to the adjoining male housing area (which is designed to alarm when it opens) did not alarmed when it was opened. A work order was submitted to repair the door alarm. Auditor recommended building a partition/ wall to provide privacy in the Inmate restroom in the kitchen. The staff restroom needs security access to get in for emergency. Work orders have been submitted.</p> <p>PREA hotline posters needed to be posted near telephones where residents can make calls. This action has been completed.</p> <p>Conclusion: The Auditor concluded the MCPRRS meets the requirements of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed Previous PREA audit report</p>

Agency Website

The Auditor reviewed the agency's website which includes a link for its previous PREA Audit reports. All prior agency final audit reports are posted on the agency's website under the facility name of Montgomery County Department of Corrections Rehabilitation last audited in December 2021. The facility closed and reopened as the Montgomery County Pre-Release Services on April 16, 2023.

Conclusion:

The Auditor determined the agency meets the requirements of this standard.

Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (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 residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	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
115.213 (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? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	no
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	no

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	no
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	no
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (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 residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents 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?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents 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 with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents 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 residents 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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (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 residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (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 residents?	yes
115.217 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (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
115.217 (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
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (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
115.221 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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
115.221 (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
115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (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
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
115.222 (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 conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents 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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (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
115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (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 information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents 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 residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents 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 residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident 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 residents 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
115.254 (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 a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (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
115.261 (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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (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
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (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
115.265 (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 response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	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:4. Monitor resident 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 resident 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (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
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (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 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
115.271 (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
115.271 (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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (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
115.271 (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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (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 facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (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
115.276 (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
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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
115.277 (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 residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (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
115.283 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (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
115.283 (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
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident 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 residents 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
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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 residents 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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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

115.286 (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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (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
115.287 (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 residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (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.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (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
115.288 (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
115.288 (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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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.)	yes
	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.)	na
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 residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	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