

PREA AUDIT: AUDITOR'S FINAL REPORT COMMUNITY CONFINEMENT FACILITIES



[Following information to be populated automatically from pre-audit questionnaire]

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| Name of facility: | Pre-Release and Reentry Services | | |
| Physical address: | 11651 Nebel Street, Rockville, MD 20852 | | |
| Date report submitted: | April 27, 2015 | | |
| Auditor Information | | | |
| | Charles J. Kehoe | | |
| Address: | P. O. Box1265, Midlothian, VA 23113 | | |
| Email: | charlesjkehoe@msn.com | | |
| Telephone number: | (804) 873-4949 | | |
| Date of facility visit: | February 17 – 19, 2015 | | |
| Facility Information | | | |
| Facility mailing address: (if different from above) | | | |
| Telephone number: | (240) 773-4200 | | |
| The facility is: | <input type="checkbox"/> Military | <input checked="" type="checkbox"/> County | <input type="checkbox"/> Federal |
| | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Municipal | <input type="checkbox"/> State |
| | <input type="checkbox"/> Private not for profit | | |
| Facility Type: | <input type="checkbox"/> Jail | <input type="checkbox"/> Prison <input checked="" type="checkbox"/> Community Confinement Facility | |
| | | | |
| Name of PREA Compliance Manager: | Ben Stevenson | | Title: Deputy Chief Security & Facilities |
| Email address: | Ben.Stevenson@montgomerycountymd.gov | | Telephone number: 240-773-4200 |
| Agency Information | | | |
| Name of agency: | Montgomery County Department of Correction and Rehabilitation | | |
| Governing authority or parent agency: (if | | | |

| | | | |
|--|--|--------------------------|-----------------------------------|
| <i>applicable)</i> | | | |
| Physical address: | 22880 Whelan Lane, Boyds, Maryland 20841 | | |
| Mailing address: <i>(if different from above)</i> | | | |
| Telephone number: | 240-777-9976 | | |
| Agency Chief Executive Officer: | | | |
| Name: | Robert Green | Title: | Acting Director |
| Email address: | Robert.Green@montgomerycountymd.gov | Telephone number: | 240-777-9976 |
| Agency-Wide PREA Coordinator | | | |
| Name: | Gale Starkey | Title: | Deputy Warden of Inmates Services |
| Email address: | Gale.starkey@montgomerycounty.gov | Telephone number: | 240-777-9976 |

AUDIT FINDINGS

NARRATIVE:

The PREA Audit of the Montgomery County, Maryland, Pre-Release and Reentry Services (PRRS) was conducted from February 17 - 19, 2015. The Designated Auditor was Charles J. Kehoe. Mr. Kehoe was assisted by David Haasenritter. Mr. Haasenritter is also a Certified PREA Auditor. The auditors wish to extend their deepest appreciation to Stefan Lobuglio, Chief of the Pre-Release and Reentry Services and his staff for the professionalism, hospitality, and kindness that was shown to them during the entire audit.

The auditors also wish to compliment the Montgomery County Department of Correction and Rehabilitation (DOCR) PREA Coordinator, Deputy Warden Gale Starkey, PRRS PREA Manager, Deputy Chief of Security and Facilities, Ben Stevenson, and PRRS Accreditation Officer, Karla Rhodes, PRRS Program Specialist II, for the outstanding work they did in organizing the electronic files that were provided to the auditors in advance of the audit. This enabled the audit to move forward very efficiently.

On August 8, 2014, the designated auditor, Charles Kehoe, interviewed the Director of the DOCR, Mr. Arthur M. Wallenstein and David Haasenritter interviewed Deputy Warden Gale Starkey, the PREA Coordinator, as part of the audit for the Montgomery County Detention Facility and the Montgomery County Correctional Facility.

During the earlier audit, the designated auditor conducted a telephone interview with a representative of the agency that receives calls from offenders who are reporting an abuse or harassment in the Department of Correction and Rehabilitation.

The auditor arrived at the facility at 8:30 a.m. and briefly met the top administrative staff. An Entrance Meeting was held at 9:00 a.m. on February 17, 2015. Division Chief Stefan Lobuglio, Deputy Chief of Programs and Services Shannon Murphy, Deputy Chief of Security and Facilities, Ben Stevenson, Accreditation Officer Karla Rhodes, and Shift Supervisor Ivan Downing were in attendance. Mr. Lobuglio

called the meeting to order and welcomed the auditor. He then gave the auditor an overview of the PRRS. The Division Chief reported there were 168 individuals in the program, including 19 women. Of the 168 individuals in the program, 156 live at the PRRS facility and 12 are on home confinement. One-hundred and forty-two of the program participants are considered "local" offenders with the vast majority coming from the Montgomery County Department of Correction and Rehabilitation facilities and remainder being state offenders. Twenty-six of the program participants are from the Federal Bureau of Prisons or the U.S. Probation Service. The average length of stay is 102 days; the minimum length of stay is 5 days; and the maximum length of stay is 12 months. The age range of residents is 17 to 75. The average age for males is 33 and the average age for females is 36. Ninety percent of the residents are male. African Americans represent 57% of the population, white, non-Hispanic, residents represent 25%, and Hispanics represent 11%. Other race/ethnic groups represent approximately 7%. Between 35% and 40% of the residents are probation violators. Residents who are gainfully employed are required to pay 20% of their income, per pay day, for their room and board.

Mr. LoBuglio said the idea of a community corrections program in Montgomery County was conceived in the 1960s and implemented in 1972. Traditional work release and halfway house case management were the primary services provided. This work release program was sited completely separate from the jail.

As the program grew, the pre-release focus evolved from the challenges of disproportionate minority confinement. In total, over the years PRRS has worked with over 18,000 individuals. The auditor was told that over 75% of the residents are employed in the community, most in private sector jobs.

Admissions usually occur on Sundays with orientation and training. The PRRS takes individuals with all offense types, except escape. The philosophy is that offenders who can be safely and legally managed in the community, and are returning to the community, can benefit from PRRS and should be given the opportunity for a successful transition. The program now provides a comprehensive range of services that focus on treatment and life skills, including employment and education.

Chief Lobuglio stated that the Prison Rape Elimination Act was embraced by the Montgomery County Department of Correction and Rehabilitation and its divisions from the very beginning of PREA and that the agency has embedded the Department's Zero Tolerance Policy in every division and all staff are aware of this commitment to a Zero Tolerance Policy. He said all allegations of sexual harassment and/or sexual assault are investigated. He stated that the Department and the PRRS specifically, have blended the National Institute of Corrections training and training from the American Correctional Association in with their own training program and the training which is required by the Maryland Correctional Training Commission. The Chief stated there have been six allegations of sexual harassment or sexual abuse reported at the facility and two of the six were substantiated.

The auditor thanked everyone for their commitment to PREA and for scheduling this PREA audit. The auditor thanked Ms. Rhodes for the flash drive with the documentation which had been sent to the auditor several weeks prior to the audit. The auditor then reviewed the audit schedule. The auditor said that Mr. Haasenritter would be joining the audit on Tuesday afternoon and would be there all day Wednesday, but that he would not be able to be at the audit on Thursday for the Exit meeting.

The auditor was given a list of staff and residents in advance and identified random staff and residents he and Mr. Haasenritter would interview. The list was given to Mr. Stevenson and Ms. Rhodes so the interviews could be scheduled.

Following the Entrance Meeting the tour of the facility began at 9:30 a.m. The auditor was given a very thorough tour of the PRRS by the Deputy Chief/PREA Manager Ben Stevenson, Deputy Chief Shannon Murphy, and Accreditation Officer Karla Rhodes. With two exceptions, the Notice of the Audit was posted in locations throughout the facility. These exceptions were in two living units and the staff and residents reported that they had seen the notices posted in those areas earlier. The notices were replaced during the tour.

The PRRS facility is located in a business area of Rockville, Maryland which has seen an increase in residential properties over the last several years. The physical plant of the building is in good condition and the overall appearance fits nicely into the local surroundings.

The main entry point is at the front desk which serves as the central check-in for residents and visitors. Random searches are conducted at this point. The agency's Zero Tolerance Policy notice is posted here and visitors acknowledge that they are aware of the Zero Tolerance Policy and the requirement to report any sexual abuse or harassment.

Also in the front of the building is the central services center where staff can monitor all cameras and where residents check in and out of the facility. Administrative staff have their offices in this part of the building. Adjacent to the front section is a large multi-purpose room which serves as the career resource center, the visiting area, and the dining room. Several smaller computer rooms surround this area. Residents have complete access to the Internet. The computers are closely monitored by staff. Residents who are not working are required to spend most of their waking hours in the resource center. The resource center is open daily from 8:00 a.m. to 4:30 p.m. Visitation is open. Literacy and GED classes are provided weekly. In the evening, group meetings are held in the multi-purpose area, including programs for those residents referred from the Drug Court.

Residents are permitted to use cell phones that do not have internet or recording capability and are responsible for fees related to the phones' purchase and use. The facility Chief said that access to cell phones has mitigated problems with contraband cell phones and are especially helpful to those residents who have jobs in the community. Residents said the cell phones are a privilege and are not to be abused.

There are 32 cameras throughout the facility, including housing units. The auditor observed the cameras and reviewed one incident on the monitors in the control center that had been reported several days earlier. The cameras cover all essential areas without imposing on resident's privacy. On April 24, 2015, PRRS purchased and installed two new digital video recorders (DVR's) to replace outdated equipment. This hardware upgrade improves the overall picture quality of all 32 cameras and allows for all staff to have computer access to the camera software for viewing.

There are four separate housing units with a total of 171 beds in the facility. Unit 1, the female housing unit, has 19 rooms and 29 beds. Unit 2 has 24 rooms and 46 beds. Unit 3 has 24 rooms and 46 beds. Unit 4 has 26 rooms and 50 beds. Units 2, 3, and 4 have two levels. On Units 2 and 3 there is a case manager on the second level enabling direct access to residents. The Center has a mix of single, double,

and triple occupancy rooms throughout the facility. Single occupancy rooms are reserved for residents in higher program phases or performance levels. Each living unit has a dayroom area and laundry facilities. Individual rooms have one, two, or three beds and a metal locker for each resident. In the male housing units, a bathroom with a shower is shared between two sleeping rooms. There are doors on both sides of the bathroom which enhance privacy. In Unit 1, every room has its own bathroom.

Across from Unit 3, there is a medical office and exam room. There is also a room for the contract psychiatrist at the end of the hallway. Unit 4 is the newest of the units and was built in 1992. There have been no major renovations in several years. A few blind spots were noted. The administration was aware of these areas.

Staff knock on the door of a sleeping room before entering and staff of the opposite gender announce before entering. Male staff and female staff are permitted on all units. Male residents are not permitted in Unit 1 without staff escort. Staff inspect all sleeping rooms on a daily basis.

Minimum shift coverage for Resident Supervisors is four staff members on midnight shifts, 6 on day shifts, and 6 on evening shift although the staffing numbers typically exceed these minimum levels. In addition to the 24/7/365 awake coverage provided by Case Managers, the program includes 15 Correctional Specialist IIIs who provide case management, work release, and assessment services. Most of these specialist work schedules that include a majority of evening work hours. Finally, the staff includes a nurse, two fiscal supervisors, four correctional dietary officers, two administrative support staff, and four managers. All staff have been trained in PREA and Resident Supervisor have had PREA Investigator Training.

The tour of the facility ended at 10:43 a.m.

Following the tour, the auditor began the interviews and reviews of investigations, personnel files, training records, residents' files, and other documents.

The auditor and the PREA Coordinator/Investigator reviewed seven investigations. The first case occurred in early 2014. Of the seven allegations, three were determined to be unsubstantiated, one was unfounded, two were determined to be substantiated, and one was determined not to be a PREA case.

Thirteen (13) residents were interviewed. One resident who was disabled was interviewed and two residents who identified as being gay and lesbian were interviewed regarding a complaint they had made about a particular staff member. No residents had reported a sexual abuse.

Ten (10) resident supervisors were interviewed who were randomly selected by the auditor from all shifts. Twelve (12) interviews were conducted with employees identified as specialized staff or staff working in specialized areas. Since the residents at this facility cannot be contracted out to another public or private facility, there is no contract administrator. The specialized staff group included the Division Chief, the PREA Manager, the PREA Investigator, the nurse, mental health staff (2), the counselor who does intake and screening, the DOCR Human Resources Director, a volunteer, a contractor, staff who perform screenings at intake, staff who monitor for retaliation, and an incident review team member. In addition, the DOCR Training Director was also interviewed. It should be noted that since the PRRS is a relatively small program, several of the staff have multiple responsibilities.

Thus, some individuals were interviewed more than once if their duties covered more than one specialized area. In total, the auditors conducted 32 interviews.

The auditors were impressed by what the resident supervisors and other staff know about PREA, the zero tolerance policy, resident rights regarding PREA, first response, and evidence collection. The auditor selected and examined three (3) personnel files of PRRS staff. The files were very organized and contained all the necessary background check information. Eight training records were reviewed for written documentation regarding the required training and confirmation the employees understood the training. Three offender files were also randomly selected and had the necessary documentation regarding their PREA training and understanding of the zero tolerance policy.

Health care services are provided to the residents by the contract physician and a nurse. During interviews, the residents acknowledged that health care professionals are available. There are no residents in this facility with serious mental health issues.

On February 19, 2019 at 11:30 a.m., the auditor held the Exit Meeting. Ten administrative staff attended the exit meeting, including the DOCR Director. While the auditor could not give the facility a final finding, as there were a five standards needing additional information, the auditor did give an overview of the audit and thanked the Director of the DOCR and his entire staff for their hard work and commitment to the Prison Rape Elimination Act. The auditor also thanked the Division Chief for the hospitality, professionalism, and collaboration the staff at the PRRS exhibited for the three days of the audit. The auditor was very impressed with the positive climate of this facility. The programs and services that are offered to the residents are very comprehensive in scope and focused on the resident's successful reintegration into the community. The staff spoke very favorably of the facility, the residents, and their colleagues in the Center and in the DOCR. The vast majority of the residents interviewed said this was a very good program. Even the few residents who had issues with a staff member or two said being at the Center was still better than being in jail or prison and that the program was helping them. The residents also said they felt safe in this program. In closing the Exit Meeting, the auditor complimented Montgomery County for its outstanding correctional programs and for the superior collaboration that exists between County agencies and the public and private sectors.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The PRRS Division oversees the 171-bed Montgomery County Pre-Release and Reentry Center (PRRC) and provides evidenced-based transitional services to soon-to-be released sentenced and incarcerated adults from the Montgomery County Detention Center, the Montgomery County Correctional Facility, and from state and federal prisons. The residents will be released to Montgomery County and the larger Washington metropolitan area. Participants are released from incarceration with employment, treatment, and family support. The Division saves taxpayer money, reduces institutional crowding, and reduces recidivism and victimization rates. The Division advances the Department of Correction and Rehabilitation's mission to improve public safety and relies on a considerable body of research that demonstrates the cost-benefit advantages of releasing incarcerated individuals through a highly-structured community-based program. Since 1972, the Division has served over 18,181 men and women.

The PRC is a county-administered, state-accredited, correctional facility that also has received national accreditation from the American Correctional Association and state accreditation from the Maryland

Commission on Correctional Standards. It is located in Rockville's rapidly growing White Flint area, and its proximity to jobs and transportation makes it an ideal site for the work release component of the program. In the 1990s, PRRS also developed and implemented a "Home Confinement" service which allows the Division to monitor clients using electronic technology (e.g. GPS) in their homes.

PRRS carefully screens and accepts only those individuals that it assesses can be legally and safely managed in a community setting. By law, all participants must have one year or less time remaining on their sentences, and PRRS is authorized to determine eligibility for Pre-Release status, but must receive judicial consent for the actual placement of the individual at the Pre-Release and Reentry Center. While the program primarily serves those individuals with sentences of 18 months or less who are incarcerated in the County's Detention Center and Correctional Facility, the Division has had contracts with the state and federal correctional systems to provide reentry services to their prisoners who are returning to this area and who are within 6 months of release. Thus, the Division serves individuals convicted of all offense types serving sentences ranging from 10 days to 30 years with the one exception of excluding from eligibility those convicted of prior escape.

The Division requires program participants to work, pay room and board, file state and federal taxes, and address restitution and child support obligations. Each client works with a case manager and work release coordinator to develop an individualized reentry plan that addresses their specific transitional needs including employment, housing, treatment, family and medical services. Whenever possible, family members of participants are encouraged to participate in the development of the plan. The program employs other evidenced-based reentry practices including risk/needs assessments, cognitive behavioral programming, monitored community-based treatment, college/GED/Literacy classes, and a "work first" philosophy.

Additionally, the Division holds clients accountable for their location at all times, and residents only access the community with pre-approval. Through the use of the latest technologies in electronic monitoring, substance abuse testing, and by utilizing mobile teams of staff, residents are held to high standards of conduct and compliance. There is a zero-tolerance policy with regard to engaging in criminal activity, possessing drugs and alcohol, sexual assault and sexual harassment, and accessing the community at locations and times that have not been approved. Individuals found in violation of such policies are immediately returned to secure detention. The few escapes that do occur each year are vigorously prosecuted, and consequently, the rate of escape is among the lowest of any work release program in the country. Most of the escapes involve individuals approved to leave the facility for work or community treatment and then who fail to return to the PRC as scheduled. All escapees in the program's 42 year history have been apprehended and most were returned to custody within 24 hours.

In 2013, the program served 683 individuals of which 85% successfully completed the program, and 80% were released with private-sector jobs. In total, the individuals in the Division earned over \$1.6 million and paid nearly \$300,000 in taxes, \$300,000 in family support, \$285,000 in program fees, and \$5,000 in restitution. From a system perspective, the program diverted 53,400 jail bed-days, and provided strong incentives for good institutional behavior in the DOCR Detention Centers and Correctional Facility. Recidivism rates defined as either a conviction or return to incarceration for a parole/probation violation are 9.3% within 1 year and 29.7% within 3 years using local and national data, which is 40% lower than nationally-measured rates. The Division's performance metrics are evaluated monthly, and the Division reports its performance and programmatic and security activities quarterly to an active Community Advisory Committee.

SUMMARY OF AUDIT FINDINGS:

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| Number of standards exceeded: | 5 |
| Number of standards met: | 33 |
| Number of standards not met: | 0 |
| Non-applicable: | 1 |

Prevention Planning

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

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

DOCR policy 3000 – 64, effective September 23, 2013, defines all the terms related to PREA and clearly states the DOCR procedures to prevent, detect, and respond to allegations of sexual harassment and sexual abuse. The DOCR's Zero Tolerance Policy toward all forms of sexual abuse and sexual harassment is widely visible on posters and publication from the time one enters the Center.

The DOCR PREA Coordinator is Deputy Warden, Gale Starkey. The PREA Manager at the Center is Deputy Chief for Security and Facilities, Ben Stevenson. Mr. Stevenson reports to the Division Chief and the PREA Coordinator on all PREA related matters. The PREA Coordinator and PREA Manager report that they have sufficient time and authority to develop, implement, and oversee the DOCR's efforts to comply with the PREA Standards.

§115.212 - Contracting with other entities for the confinement of residents

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

The PRRS does not contract with private agencies or other entities for the confinement of residents. This standard is not applicable.

§115.213 – Supervision and monitoring

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

The Department publishes two comprehensive reports annually that cover all the requirements of the standard. The Department of Corrections and Rehabilitation Performance Review FY 2013 and the FY 2013 Performance and Accountability Report address critical areas related to the staffing requirements. A review of the year's performance considers all PREA allegations/incidents, the complement of mid-level managers, the Net Annual Work Hours, FMLA, Comp, and Administrative Leave, work related injuries, and succession planning. By agency policy, there is always a minimum of four resident supervisors I, II or III on duty in the facility. Beginning in late 2014 the PREA Coordinator and Manager participate in the annual review. There have been no findings of inadequacy related to staffing by any court, federal agency, or internal or external oversight body. At the end of every shift, the Resident Supervisor III will complete a "PRRS Day Count Summary" report. The auditor reviewed samples of these reports. The PRRS has no deviations from the plan for the last year. As previously noted, there are 32 cameras throughout the facility, including housing units. The cameras cover all essential areas without imposing on resident's privacy.

§115.215 – Limits to cross-gender viewing and searches

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

The DOCR policy prohibits cross-gender searches except in exigent circumstances. Since there are always female and male staff in the PRC, the staff stated cross-gender searches are not something they would anticipate happening, even in an exigent circumstance. However, if it did happen it would have to be reported to the Division Chief and documented in writing.

The auditor had previously reviewed the DOCR lesson plan on cross gender searches and found that it meets the requirements of the standard.

As previously described, the sleeping rooms all have private bathrooms which allow the residents to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. The interviews with male and female residents confirmed that staff of the opposite gender do not view residents of the opposite gender while they shower, change clothes, perform bodily functions. The PRRS policy and procedure state that staff will announce their presence when entering an area where a resident may be changing, performing bodily functions or showering. The residents confirmed that opposite gender staff do announce their presence. During the tour, the auditor also observed this practice.

The policy and procedure regarding determining a transgender inmate's genital status is consistent with the standard.

The DOCR meets the requirements of the standard

§115.216 – Residents with disabilities and residents who are limited English proficient

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

Informational and educational materials for residents with disabilities are provided in ways that will enable the resident to understand the DOCR zero tolerance policy and related material and be able to make a claim of sexual abuse or sexual harassment, if necessary. For residents who are hearing impaired, Montgomery County has a contract for sign language interpreters. The PRC also has a Teletype (TTY) machine available for residents who are hearing impaired. Provisions are also made for residents who may be visually impaired. For inmates who may be mentally disabled, the DOCR can also address their needs with individualized learning by designated staff. It is the County's and the Department's policies to make reasonable modifications to policies and procedures to ensure people with disabilities have access to all programs, services and activities provided by the County and the Department.

The PREA Guide on Sexual Abuse and Assault brochure is published in English and Spanish. The PREA orientation video is also in English and Spanish. Posters calling attention to the DOCR Zero Tolerance policy are also in English and Spanish. Montgomery County also contracts for over-the-phone interpretation services from Voiance. On-site interpreter services can also be provided by Certified Bilingual Employees. There is a "Certified Employee" data base that is available to the DOCR. There are five DOCR staff who are on the "Certified Employee" list.

The auditor interviewed one resident with limited English speaking skills. The resident told the auditor he had help from staff and another resident in understanding the PREA issues. He stated that he knew that he was to make a report to the case manager if he was ever sexually assaulted or harassed. He has been assigned a case manager who speaks fluent Spanish.

§115.217 – Hiring and promotion decisions

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

DOCR Policy 3000 – 41 states, “A criminal record check is conducted on all new employees, contractors, and volunteers prior to their assuming duties to identify whether there is are (sic) criminal convictions that have a specific relationship top (sic) their job performance.”

The DOCR Human Resources office conducts background checks on all candidates for employment, as well as interns and volunteers. The background checks include FBI and Maryland criminal record checks. Persons who have applied for positions that involve regular contact with inmates also undergo a psychological screening. Contractor backgrounds are conducted by the Contracting Office or the County.

Criminal records checks are done on all employees on an annual basis.

An Assistant County Attorney, who serves as the counsel to the DOCR, rendered an opinion that Maryland law prohibits the DOCR from providing any 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 without a signed release from the employee. Standard 115.17 (h) requires the agency to provide the information without a release “unless prohibited by law.”

The auditor was also told, however, that substantiated allegations of sexual abuse or sexual harassment must be reported to the Maryland Commission on Correctional Standards and that the Commission could provide that information to any institutional employer for whom such employee has applied to work without a signed release.

§115.218 – Upgrades to facilities and technology

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

The Division Chief reported that there had been no major facility upgrades to the facility since 2012. He stated there are plans being developed to renovate the dietary center in the future. He also stated that when cameras were being placed into position, sight lines and the protection of residents were the two major considerations. Since conducting the audit, PRRS has made hardware upgrades to the existing video surveillance system. This upgrade includes the installation of new digital video recorder's (DVR's) that has improved camera clarity and allowed additional staff access to viewing the cameras. Smaller facility upgrades have been completed in advance and since the actual audit was conducted. Improved (LED) lighting was installed in the women's housing unit, as well as the Career Resource Center, and cafeteria area.

Responsive Planning

§115.221 – Evidence protocol and forensic medical examinations

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

The DOCR will contact the Montgomery County Police Department if it is determined, by a Department internal investigation, that a criminal investigation is needed. The Police Department protocol will be followed during their investigation which is developmentally appropriate for youth. The Police Department currently uses the Child First interviewing protocols. Their sexual assault protocols were developed after 2011 and are comprehensive and authoritative. The Police Department ensures that the SANE service will be available at the Shady Grove Adventist Hospital as part of its criminal investigation. In addition, the County has a written contract with the Shady Grove Adventist Hospital to provide emergency and non-emergency medical services to offenders in the custody of the MCDOCR.

The MCPD investigators who would respond to an allegation of sexual assault at the PRRS have received the PREA Investigator training.

There is a written Memorandum of Understanding (MOU) between the MCPD and the MCDOCR which was signed on January 20, 2015 by the MCPD Chief and the MCDOCR Director. The MOU states that "is initiated to facilitate an agreement between the parties for services related to goals and implementation of Federal Prison Rape Elimination Act (PREA) mandates."

The Montgomery County Department of Health and Human Services Victim Assistance and Sexual Assault Program (VASAP), provides victim advocate services to the DOCR. VASAP meets the requirements of 42 U.S.C. 14043g (b)(2)(C).

§115.222 – Policies to ensure referrals of allegations for investigations

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

DOCR policy 3000-64 requires that allegations of sexual assault be reported to the MCPD. All employees interviewed knew that sexual assaults would be investigated by the MCPD. The policy which states that criminal investigations of sexual assault will be investigated by the MCPD is posted in the lobby the facility at the time of the audit. None of the investigations reviewed by the auditor required an investigation by the MCPD.

Training and Education

§115.231 – Employee training

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

The DOCR policy states that PREA training is required of all staff and is incorporated in the agency's overall training strategy. Training is provided by the Maryland Police and Correctional Training Commissions (MPCTC) for new correctional employees and includes a section on PREA. PRRS conducts training in multiple formats and locations. All PRRS employees are legally required to complete 18 hours of tested classroom training to meet state required standards and must score 70% or higher on all tested training. In addition to that training, PRRS uses an online training program sponsored by the American Correctional Association (ACA) called Relias Learning. This online learning software provides PRRS staff access to over 390 online tested modules in subjects pertaining to community corrections. For over two (2) years, PRRS staff have been completing over 7.5 hours of online tested training surrounding PREA related issues. These course titles include: PREA: Sexual Abuse: Dynamics, Detection, and Reporting, PREA: What It Means for You and Your Agency, PREA: Managing Inmates at Risk of Sexual Abuse, Discrimination and Sexual Harassment in Correctional Facilities, and cultural awareness. In addition, senior managers, shift supervisors, and reentry assessment screeners have been trained and tested in courses related to conducting PREA investigations.

The DOCR maintains detailed training records for all the training employees receive. There is ample written documentation that employees have received and understand the PREA training

The auditors reviewed lesson plans and a PowerPoint PREA presentation of the training staff receive. Both were found to be very comprehensive. The auditors also interviewed the Director of Training during this audit.

§115.232– Volunteer and contractor training

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

The interview with a volunteer confirmed that she had received training on PREA in March of 2014. The volunteer also said that everyone who enters the facility is reminded of the Zero Tolerance Policy and that there are signs throughout the building.

The contract psychiatrist stated that he and the DOCR's contract physician have had PREA Training and had refresher training on January 28, 2015. The training covered the medical

and mental health requirements and the contractor requirements. He said the training consisted of a PowerPoint presentation and a question and answer session.

In addition, when a contractor enters the Center, he/she is required to read a document that is part of the sign in sheet. This document is referred to as the "Overview for Contractors. This document includes the DOCR Zero Tolerance Policy and the PRRS Contractor Procedures regarding knocking and announcing their presence when entering an area where residents of the opposite gender are likely to be showering, changing clothes, or performing bodily functions. It also prohibits contractors from entering a resident's bedroom when the resident is present. Contractors can only enter areas pre-approved by PRRS staff. The form also defines sexual misconduct and sexual harassment. It also instructs the reader how to report a sexual abuse and how to avoid inappropriate relationships with residents. At the bottom of this form, it states, "My signature on this document acknowledges that I have read and understand the above information about PREA. All of my questions have been answered about PREA. I agree to comply with MDCOCR Policy 3000-64. MDCOCR's full policy is available upon request."

A similar form is available for visitors who enter the facility.

§115.233 – Resident education

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

The DOCR provides PREA education to all new residents of the PRC during the initial intake process. The focus is on providing new residents with information on the DOCR's Zero Tolerance Policy, the resident's right to be free from sexual abuse or harassment, how to report abuse or harassment, and the resident's right to be free from retaliation. Within the first 72 hours following admission, a more detailed orientation is provided by PRRS PREA trained staff. In addition to the information provided at intake, the agency's procedures for responding to allegation of sexual abuse or sexual harassment are also stated. The orientation consists of a PowerPoint presentation with verbal interaction from a PREA trained staff member. Residents also see a PREA video "What You Need to Know about PREA" and are given the [PREA Guide on Sexual Abuse and Assault](#) and the resident handbook. Residents acknowledge in writing that they received the orientation and written materials. All of the materials are Bilingual and interpreters can be provided for languages the Bilingual materials do not cover. Posters also remind inmates how they can report sexual assault or sexual harassment and are clearly visible throughout the facility.

§115.234 – Specialized training: Investigations

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

All senior managers and shift supervisors have all been trained as PREA Investigators. The MCPD provided training for those selected to be trained as investigators in the DOCR. In total, over nine hours of training was provided. The agency provided documentation of training completed, through the Relias Learning training rosters. The auditor had reviewed the curriculum and training materials on an earlier audit and found them to be very detailed.

§115.235 – Specialized training: Medical and mental health care

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

The contract psychiatrist stated that he and the DOCR's contract physician have had the basic PREA Training provided to all DOCR staff, refresher training on January 28, 2015, contractor training and the specialized training required for medical and mental health care staff. The training covered the medical and mental health requirements. He said the training consisted of a PowerPoint presentation and a question and answer session.

Screening for Risk of Sexual Victimization and Abusiveness

§115.241 – Screening for risk of victimization and abusiveness

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

DOCR Policy 3000-64 clearly communicates the facility's responsibilities regarding intake screening and follow-up assessments. All residents are assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. The PRRS uses three (3) objective screening instruments. The Level of Service Inventory is "a quantitative survey of offender attributes and their situations relevant to level of supervision and treatment decisions" that was developed for Multi-Health Systems, Inc. The TCU Institute of Behavioral Research, Criminal Thinking Scales is an assessment of criminal thinking. Lastly, the PRRS uses a Self-Report Personal History that was developed by the agency. The Self Report considers all the criteria listed in the standard. At the time of the audit, the PRRS case managers were not making a subjective judgement about the resident's sexual orientation. Standard 115.241 (d) (7) states "Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming." During the 30 days following the audit, the PRRS amended the Self Reporting form to document the staff make that observation.

A resident's risk of victimization or abusiveness is reassessed within 30 days to determine if there has been any additional information that impacts on the resident's risk of sexual victimization or abusiveness. Per agency policy, the case manager will meet with new residents and complete the Resident Risk of Sexual Victimization and Abusiveness form and

document that the form was completed in the case notes. Case managers also reassess a resident when new information is provided, an incident occurs or a referral is made. The auditors reviewed three (3) resident files and confirmed the assessments were made.

The DOCR policy states that residents will 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).

The PRRS has proper controls on the dissemination of the intake information, within the facility to insure that sensitive information is not exploited to the resident's detriment by staff or other residents.

§115.242 – Use of screening information

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

The Reentry Assessment Specialist (RAS) will make a room assignment based on the information provided in the intake screening and assessment. In making the assignment, the RAS will consider the resident's risk of victimization and potential abusiveness. When the auditors toured the facility they observed the many different room configurations which enable the RAS to have choices in determining which room would provide the resident with safety. Residents with special needs can be provided a single occupancy room, if needed.

The auditor interviewed two residents who identified as being gay. They stated they felt safe in the facility and that with one exception, they felt the staff treated them very well. One resident had filed a sexual harassment complaint on a Resident Supervisor because of a comment that was made during visiting. The resident was concerned about retaliation. Following the audit, the resident emailed the auditor to say that there was no retaliation and that the resident would be released from the facility soon. The resident did say that from time to time, some residents use offensive language around residents who identify as being gay, but that overall the majority of residents and staff treat people who are LGBTI very respectfully.

§115.251 – Resident reporting

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

Residents are informed of the multiple ways they can report allegations of sexual abuse or harassment on the [PREA Guide on Sexual Abuse and Assault](#) brochure. Residents are informed that they can inform staff in person or in writing. Residents can also call 777-9855 for internal reporting or 1-855-273-5609 to speak with an outside third party. Family

members or friends can email the Department on behalf of a resident and phone numbers are also provided for the DOCR and the answering service. All callers may remain anonymous. The DOCR has a written agreement with an answering center that will take PREA allegation calls directly from residents, their families or third parties. Residents have 24-hour, confidential, access to the Montgomery County Victim Assistance and Sexual Assault Program hotline at no cost to the resident.

When a resident is admitted to the PRRS program, he/she is issued a cellular phone so he/she can call the facility if he/she will be late returning to the facility from a job. Cell phones can also be used for personal calls, including calls made to report a sexual abuse or sexual harassment.

§115.252 – Exhaustion of administrative remedies

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

The DOCR Grievance procedure is consistent with the requirements of this standard.

MCDOCR Policy 3000-64, Section III. 13. Grievance/Discipline provides for special provisions for responding to grievances of an emergency nature, such as a substantial risk of imminent sexual abuse. It is responsibility of the Division Chief to determine, within 48 hours after receipt of the grievance, if a grievance is an emergency. 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 Departments determination whether the inmate/resident is in substantial risk of imminent sexual abuse or other danger and the action taken is response to the emergency grievance.

Section III. 13. B. states that the Department the agency shall not impose a time limit on when an inmate/resident may submit a grievance regarding an allegation of sexual abuse.

Section C. does say that the DOCR may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

Section D. states that the DOCR shall not require an inmate/resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Section E. states that nothing in this section shall restrict the Department's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Section F. says that the Department shall ensure that an inmate/resident 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.

Section G. states that the Department shall 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 shall not include time consumed by residents in preparing any administrative appeal. The DOCR 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 agency shall notify the inmate/resident in writing of any such extension and provide a date by which a decision will be made.

Section H. says that at any level of the administrative process, including the final level, if the inmate/resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

Section I states that third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates/residents 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/residents.

Section J. says If a third party files such a request on behalf of a inmate/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. If the inmate/resident declines to have the request filed on his or her behalf, the agency shall document the resident's decision.

Section K. states the DOCR may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

One PRRS resident used the grievance procedure to report any allegation of sexual harassment, but that allegation was determined not to be a PREA case.

§115.253 – Resident access to outside confidential support services

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

The DOCR brochure, [PREA Guide on Sexual Abuse and Assault](#), provides the phone numbers residents can call for outside victim advocates for emotional support services related to sexual abuse.

The Montgomery County Department of Health and Human Services, Victim Assistance and Sexual Assault Program (VASAP), is the agency PRRS recommends to victims of sexual abuse or sexual harassment. A Memorandum of Understanding (MOU) between VASAP and the

DOCR has been drafted but has not yet been signed by the parties. Paragraph(c) of this standard states, " The agency shall maintain or attempt to enter into a memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements." Despite the fact that the MOU has not been signed by the parties, residents are provided the VASAP number to call for emotional support.

Because residents are issued cell phones, calls to VASAP are confidential.

It was interesting to note that in spite of the fact that every resident was given the DOCR brochure, PREA Guide on Sexual Abuse and Assault, which lists agencies phone numbers to call to report sexual abuse and sexual harassment or to request emotional support, very few of the residents interviewed could name even one community agency that they could call for emotional support services. A refresher training session for all residents would help to remind residents where they can turn for help after release. It would also benefit residents who were nearing release if they had a refresher session on this subject, as well.

§115.254 – Third-party reporting

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

The MCDOCR updated Web site now has an entire section on PREA and provides information on three ways a third-party can file a PREA complaint. It also states that "All information is confidential."

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 complaint.

Posters are visible throughout the PRC that encourage third parties to report if they know of a sexual assault or harassment and lists contact information.

The MCDOCR has taken a good practice and made it even better.

Official Responses Following a Resident Report

§115.261 – Staff and agency reporting duties

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

The DOCR policies (3000 – 64) and procedures require all staff, including medical and mental health staff, to immediately report any knowledge, suspicion, or information regarding a sexual abuse or sexual harassment that occurred in a facility, whether or not the facility is part of the DOCR. Staff are also required to report any retaliation against residents or staff who report a sexual abuse or sexual harassment; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff are trained that the information a staff member passes on to superiors is confidential information and should be shared only with staff who have a designated “need to know.”

Interviews with random staff and administrative personnel confirm that PRRS staff are very knowledgeable of all reporting requirements. Since there are no youthful offenders in this facility, 115.261(d) is not applicable.

DOCR policy is very specific about reporting all allegations of sexual abuse and harassment to the appropriate investigative body. If the allegation may be criminal in nature, it will be investigated by the Montgomery County Police Department. If the allegation is an administrative violation, it will be investigated by trained PREA investigators.

§115.262 – Agency protection duties

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

During the intake process, the Self Report Personal History is completed by the resident and is used to determine a resident's risk for sexual abuse victimization or abusiveness. If responses indicate that a resident may be at imminent risk, plans are made to ensure the resident is assigned to a room where he/she will not be at risk. Arrangements will also be made for the appropriate mental health screenings, if indicated.

During the random interviews with the resident supervisors and non-security staff, all knew that if they were told a resident was in imminent danger of being sexually assaulted the first priority would be to remove the resident from the immediate danger and notify the Supervisor on Duty.

The PRRS reported that in the previous 12 months there were no reports of any resident being at risk of imminent sexual abuse.

§115.263 – Reporting to other confinement facilities

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

The DOCR policy and procedures state that if there is an allegation that a resident was sexually abused at another facility, the facility administrator (Division Chief) would notify

(within 72 hours) the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification would be documented.

PRRS reported that not allegations of sexual abuse at another facility in the past 12 months.

§115.264 – Staff first responder duties

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

DOCR Policy 3000-64 Section 5 states the procedures to follow when staff are first responders to an allegation of sexual abuse. Random interviews with the PRRS Resident Supervisors and non-security staff confirmed that all the staff knew exactly how to respond upon learning of an allegation that an inmate was sexually abused. Staff stated that these procedures are discussed, in great detail, during the annual PREA training.

§115.265 – Coordinated response

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

DOCR Policy 3000 – 64. 5 “Guidelines for Staff Action Following Receipt of an Allegation of Sexual Crime,” identifies all the steps Resident Supervisors, non-security staff and other service providers must take at the PRRS, in an organized and collaborative way, to address an allegation of sexual abuse. The policy provides considerable detail. Resident Supervisors and other non-security staff reported they have been trained on their specific duties and are also aware of the responsibilities of other parties.

§115.266 – Preservation of ability to protect residents from contact with abusers

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

The Director of the DOCR reported that a new contract has been completed, titled Agreement Between Municipal & County Government Employees Organization, United Food and Commercial Workers, Local 1994, and Montgomery County Government, Montgomery County, Maryland Office, Professional, and Technical (OPT) and Service, Labor, and Trades (SLT) Bargaining Units, For the Years July 1, 2013 through June 30, 2016. The Director said that under the contract the DOCR can separate or transfer an employee accused of sexual

misconduct until the matter is resolved. The auditor reviewed Article 28, Disciplinary Actions, in the contract and confirmed that if the matter is in criminal or civil court the suspension can continue until the disposition of the case. If the allegation is substantiated, termination could follow.

§115.267 – Agency protection against retaliation

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

MCDOCR Policy 3000-64 Section's T., U., and V., describe the steps to be taken to prevent retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations. When interviewed, the PRRS Chief stated that all employees and residents know that PRRS has a zero tolerance for retaliation in any form. He stated that a resident abuser would be returned to the Montgomery County Detention Center. In the case of sexual harassment, the offending resident could be returned to the Detention Center or moved to a different unit. The victim of harassment could also be moved to a different unit or room.

The MCDOCR has designated the Accreditation Officer as the person who will monitor for retaliation. The auditor interviewed the Accreditation Officer who said that if retaliation was suspected or reported the Resident Supervisors, Case Managers, and Administration would be given immediate notice. The Accreditation Officer will monitor the resident's behavior, work assignments, and disciplinary write-ups, to document any changes. If an employee was the target of retaliation the PRRS Chief, the Investigator, and Accreditation Officer would be involved and could reassign the employee to a different post of shift. Any victim (resident or employee) of retaliation will be offered emotional support from VASAP or another appropriate mental health agency.

The Accreditation Officer said she would monitor residents and staff for retaliation for at least 90 days. The period of time can be extended, if needed.

The Accreditation Officer said she was monitoring one resident who made a complaint about a staff member. The resident did e-mail the auditor following the audit and reported that he felt safe and that he would be released from the facility soon.

Investigations

§115.271 – Criminal and administrative agency investigations

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

DOCR Policy 3000-64, Page 22-23, Sec. VII A. – K establishes the procedures for conducting PREA criminal and administrative investigations. This policy meets all the requirements of the standard.

When an allegation is made, a preliminary investigation is initiated in the PRRS by the Deputy Chief of Security & Facility, the Deputy Chief of Programs and Services, or the Reentry Services Manager. All of these individuals are trained PREA investigators. If it is believed that allegation is of a criminal nature, the Montgomery County Police Department is immediately notified and initiates a criminal investigation. If the allegation is not a criminal act, the matter becomes an administrative investigation and is conducted by one of the PREA trained investigators in the PRRS. Investigators in the Montgomery County Police Department have received PREA Investigator training.

The auditor and the PREA Coordinator/Investigator reviewed seven investigations. The first case occurred in early 2014. Of the seven allegations, three were determined to be unsubstantiated, one was unfounded, two were determined to be substantiated, and one was determined not to be a PREA case. All of these were administrative investigations relating to allegations of sexual harassment.

The PRRS PREA Coordinator/Investigator was interviewed by the auditor. It was obvious from a review of the agency's policy and procedures and the interviews with various staff that the DOCR and the PRRS have a positive working relationship and collaborate on PREA investigations, with the MCPD as needed.

All investigations are documented in written reports and are retained consistent with PREA requirements and Maryland law.

§115.272 – Evidentiary standard for administrative investigations

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

DOCR Policy 3000-64, Page 20, Sec. F. 3 states, "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 interview with the PRRS investigator also confirmed the preponderance of the evidence standard.

§115.273 – Reporting to residents

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

The DOCR uses an "INMATE NOTIFICATION FORM" to inform residents who have been sexually abused of the status of the investigation and the status of the abuser. The PREA Manager will make the notifications in the event of a sexual abuse. There have been no reported cases of sexual abuse at the PRC.

If a resident makes an allegation of sexual harassment, he/she is kept informed of the status of the administrative investigation and the person who allegedly harassed the resident. The reporting form is used for administrative investigations. The inmate will be notified by the assigned investigator.

Discipline

§115.276 – Disciplinary sanctions for staff

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

The DOCR Policy 3000 – 64 Page 7 Sec. 2 C. states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies."

The DOCR has a disciplinary process in place which is incorporated in the agreement with the Municipal and County Government Employees Organization (the Union).

The DOCR policy was amended and approved by the DOCR Director on December 19, 2014 and now reads "The Montgomery County Police would be notified of any terminations for violations of Department sexual abuse or sexual harassment policies, or resignations of staff that would have been terminated if not for their resignation, unless the activity clearly was not criminal." No disciplinary sanctions or terminations for staff have been issued during this audit cycle.

Reference to notifying relevant licensing bodies is found in Policy 3000-64, 5.(e). page 15.

§115.277 – Corrective action for contractors and volunteers

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

The DOCR Policy 3000 – 64 Page 7 Sec. 2 D. meets the requirements of the standard. Interviews with a volunteer and a contractor confirmed that they are informed of the DOCR policy regarding sexual misconduct that involves contractors and volunteers, during their orientation and training. One allegation involving a volunteer in early 2014 was determined

to be unsubstantiated. There have been no other allegations regarding a contractor or volunteer.

§115.278 – Disciplinary sanctions for residents

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

All of the requirements of this standard are met in the MCDOCR policy 3000-64, Section III, in sub-sections 5, "Guidelines for Staff Action Following Receipt of an Allegation of Sexual Crime, p. 16 and sub-section 13, Grievance/Discipline, p. 19-20.

The interview with the Division Chief confirmed that these procedures would be followed if a sexual abuse occurred in the PRRS Division.

There have been no reported or substantiated allegations of sexual assault or sexual abuse in the PRRS during the reporting period.

§115.282 – Access to emergency medical and mental health services

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

DOCR Policy 3000 – 64. 5 "Guidelines for Staff Action Following Receipt of an Allegation of Sexual Crime," identifies all the steps Resident Supervisors, non-security staff and other service providers must take at the PRC, in an organized and collaborative way, to address an allegation of sexual abuse. Residents have unimpeded access to emergency medical treatment and crisis intervention services. Emergency Forensic Services provided by SAFE or SANE professionals would be provided by Shady Grove Adventist Hospital. Treatment services would be provided to the victim of a sexual assault without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

§115.283 – Ongoing medical and mental health care for sexual abuse victims and abusers

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

The auditors interviewed two of the medical and mental health team members and were apprised of the medical and mental health protocols that are followed in the event of a sexual assault on a male or female inmate. The health care providers and mental health staff confirmed that all the requirements of this standard are met. The health care and mental health providers also said that these protocols are addressed in their training. The general consensus among the health care team is that the health care and mental health services exceed the level of care in the community.

Interviews with residents also confirmed that health care and mental health services are readily available and very helpful at the PRC.

Data Collection and Review

§115.286 – Sexual abuse incident reviews

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

The MCDOCR has detailed procedures and forms that are used in the investigation of a sexual assault or sexual harassment allegation. The agency has a checklist that identifies all the forms that must be used in the process of an investigation. The PREA Investigative Report, the Inmate Notification Form, the PREA Incident Review Worksheet, and the PREA Retaliation Prevention and Protection Monitoring Worksheet are all completed for allegations of sexual assault and sexual harassment. These forms provide great detail during every step of the process.

At a minimum, the Deputy Chiefs at the PRC (including the PREA Manager), the nurse, and the Reentry Services Manager serve on the Sexual Abuse Incident Review Team (IRT). Other staff may be included, as necessary. The Report from the team is forwarded to the Division Chief for final review and action.

During the audit, the PREA Manager reported that not all allegations of sexual harassment had been reviewed by the team. Before the end of the audit, the PREA Manager provided documentation that all recent allegations had been reviewed by the team.

All of the elements of the standard are covered in the PREA Incident Review Worksheet.

§115.287 – Data Collection

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

The DOCR meets the requirements of the standard. The agency uses an incident based tracking form that captures the information necessary to answer all the questions from the

most recent version of the Survey of Sexual Violence and is collected from a variety of sources and is incorporated into the agency's evaluations, planning, training strategies, and budgeting. The data was very helpful to the auditors during the audit.

Since the agency does not contract with any other private providers for residential care of offenders, section 115.287 (e) is not applicable.

§115.288 – Data Review for corrective action

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

The DOCR publishes two reports, annually, that are very comprehensive in scope and include the agency's progress in meeting the PREA Standards. The Department of Corrections and Rehabilitation Performance Review FY 2013 and the FY 2013 Performance and Accountability Report compare the current year's data and corrective actions with those of previous years and evaluate the agency's progress in addressing sexual abuse and sexual assault. These reports are signed by the DOCR Director and are publically available on the agency's Web site. The MCDOCR Annual PREA is also available on that Web site.

§115.89 – Data storage, publication, and destruction

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

The Deputy Warden of Inmate Programs and Services is the designated PREA Coordinator for the Montgomery County Department of Correction and Rehabilitation and in that capacity she is responsible for all data collection and retention of sexual abuse allegations.

Hard copies of PREA investigations are maintained in the locked office of the Deputy Warden, which is on the secure side of the MCCF, and the files are further secured in a locked file cabinet. Electronic data maintained by the Deputy Warden is secure by use of a name and password on the computer.

DOCR is participating in a retention schedule review with the County Department of General Services but it has not been authorized by the State at this time. The agency noted that Federal Law 45 CFR 164.530 requires a six year retention schedule.

Copies of the investigations and PREA data for the PRC are also maintained in a secure file in the Division Chief's Office.

As previously mentioned, The Department of Corrections and Rehabilitation Performance Review FY 2013 and the FY 2013 Performance and Accountability Report are published annually and available to the public.

AUDITOR CERTIFICATION:

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



Auditor Signature

April 27, 2015

Date