PREA AUDIT REPORT O INTERIM O FINAL ADULT PRISONS & JAILS







Auditor Information				
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Telephone number: (443	3) 248-9189			
Date of facility visit: July	13-15, 2015			
Facility Information				
-	ounty Department of Corre			
, , ,	: 7301 Waterloo Road Jessi	up, MD 20794		
Facility mailing address:	·			
Facility telephone numb	er: (410) 313-5200			
The facility is:	⊏Federal	□State	⊠County	
	□Military	□Municipal	□Private	for profit
	□Private not for profit			
Facility type:	□Prison	⊠ail		
Name of facility's Chief I	Executive Officer: Jack Kav	anagh		
Number of staff assigned	d to the facility in the last 1	12 months: 139		
Designed facility capacit	y: 462			
Current population of fa	cility: 257			
Facility security levels/i	nmate custody levels: Maxi	mum, Medium, Medical, M	linimum, Pre	-Release
Age range of the popular	tion:17 - 75			
Name of PREA Compliance Manager: Renea Somerville Title: Correctional Sup. I				
Email address: rsomerville@howardcountymd.gov		Telephor	e number:	(410) 313-5249
Agency Information				
	d County department of Co			
Governing authority or p	parent agency: (if applicable,	Howard County Governm	ent	
<u> </u>	Vaterloo Road Jessup, MD 2	20794		
Mailing address: (if different				
Telephone number: (410				
Agency Chief Executive	Officer			
Name: Jack Kavanagh		Title:		Director
Email address: jkavanagh@howardcountymd.gov Telephone number: (410) 313-5230				
Agency-Wide PREA Coordinator				
Name: Renea Somerville Title: Correctional Sup. I				
Email address: rsomerville@howardcountymd.gov Telephone number: (410) 313-5249				

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Howard County Department of Corrections was conducted on July 13-15, 2015. The PREA compliance manager and the auditor commenced audit preparation approximately six weeks prior to the audit. This audit preparation consisted of: delivering signage and auditor contact information to be posted in the facility, clarification of questions related to the pre-audit questionnaire and supporting documents and review of the pre-audit questionnaire and supporting documentation. The audit consisted of a facility tour, documentation review, and observation of operational procedures; including video review, as well as inmate and staff interviews. During the on-site portion of the audit, after its completion and during the corrective action period, additional documentation was requested by the auditor and provided by the compliance manager. Subsequent visits to the facility, conferences with the PREA Compliance Manager and document review demonstrated the facility's ability to become fully compliant with the one standard that failed to meet compliance during the on-site portion of the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Howard County Department of Corrections is located in Jessup, Maryland. The agency consists of one facility which houses inmates charged as adults with various security levels including: maximum, medium, medical, minimum and pre-release. The capacity of the facility is 461. The average population on the dates of the audit was 239. The population is made up of male, females and youthful offenders. The facility housing units are contained on two (2) levels consisting of seventeen (17) housing units. The agency operates the detention facility and the central booking facility for Howard County. As such, the PREA Coordinator operates as both PREA Coordinator and PREA Compliance Manager. The PREA Coordinator reports directly to Chief Executive Office; Jack Kavanagh, Director, Howard County Department of Corrections. The main detention center consists of 90 single cells, 66 double cells, 8 segregated cells, 2 infirmary cells and 227 dormitory beds. It is important to note that on several of the housing units bed space is increased by utilizing beds that are located on the dayroom floor of the units. Three recreation areas are located on the lower level adjacent to the housing units located there. There is 24 hour medical care provided by the facility. The jail has a total of 234 cameras with a retention time of 30 days. The cameras are monitored on all three shifts. Monitors are located at every officer station, control centers, shift leaders' offices as well as administrative offices.

Inmates are afforded 2 (30 minute) visits per week. Each visit may include up to 2 adults and 2 children. All regular visits are no-contact. Special visits may be approved by the director. Under normal circumstances all visits, including special visits are no-contact. Special consideration may be given for contact visits between mothers and infants on a case-by case basis. Inmates may take advantage of numerous educational and support programs, including but not limited to: re-entry, life skills, thinking for a change, GED, and drug and alcohol addiction. For those who have demonstrated responsibility, exhibited good behavior, and program completion the facility operates a work release program that allows inmates to work in the community on various work assignments which they may continue upon release. The work program operates within various businesses for and throughout the County which enhances re-entry opportunities, supports success, and strengthens community relations.

SUMMARY OF AUDIT FINDINGS

The on-site portion of the audit of the Howard County Department of Corrections took place on the dates of July 13 - 15, 2015. The auditor arrived at the facility at 8:00 a.m. on Monday, at 7:00 a.m. on Tuesday and departed at 5:30 p.m. both days. On Wednesday the auditor arrived at the facility at 8:00 and departed at 2:00 p.m. An entrance conference was held on the morning of July 13, 2015. In attendance were fourteen staff from Howard County Department of Corrections including, the Director, the Assistant Director, the Chief of Security and the PREA Coordinator. After the entrance conference a complete facility tour was conducted. During the tour, staff members were observed performing their daily routine and providing supervision of inmates during various activities. During the course of the on-site portion of the audit 36 randomly selected and specialized staff as well as 19 inmates were interviewed. Live and recorded footage of the surveillance cameras was viewed by the auditor. The responses of staff and residents during their interviews confirmed that all had received PREA training and were knowledgeable related to the federal requirements. Staff members were interviewed from all shifts. A random sampling of inmate files was reviewed. A random sampling of other facility documentation was reviewed. This sampling included, but was not limited to: logs, shift reports, incident reports, policies and procedures, training records/logs and training curriculum. The auditor found the staff and inmates to have a clear awareness and understanding of PREA. The staff understood their responsibilities to ensure a safe facility. They were also aware of reporting responsibilities, preservation of evidence, as well as how to appropriately respond to victims of sexual assault and/or harassment. All staff has been appropriately trained on how to identify signs of sexual assault and or harassment as well as the right of any person reporting sexual abuse/harassment to be free from retaliation for making reports. All personnel were very professional, engaged and helpful throughout the audit process. An exit meeting was held on July 15, 2015 with various members of the Director's management team. The Director, Chief of Security, and PREA Coordinator were among the staff at the exit. The following recommendations were made to the team in an effort to support and strengthen the obvious work all had done to be in compliance with the federal regulations: (1) Document meeting between Director and PREA Coordinator when reviewing annual staffing plan. (2) Implement periodic testing of all inmate phones and the numbers inmates have access to for reporting sexual abuse, sexual harassment or retaliation for reporting abuse. (3) Add mailing address to rape crisis center to inmate kiosk. (4) Include documentation of standard 115.63 in the PREA policy or as a stand-alone policy. (5) Consider adding Coordinated Response to the CBF/HCDC Sexual Abuse Incident Sheet.

Total standards: 43

Number of standards exceeded: 02

Number of standards met: 38

Number of standards not met: 00

Number of standards not applicable: 03

Standa	ard 115.	11 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)
	of sexu Coording requires the gui respon prohibi in the p	d County Department of Corrections has a written policy that mandates zero tolerance of all forms all abuse and sexual harassment. The agency employs an upper level staff person as the PREA nator/Compliance Manager who reports directly to the Director. Policy A-033 provides the ed PREA definitions and outlines the agency's approach to implementing PREA standards as well as idelines and procedures for implementing the agency's approach to preventing, detecting and ding to sexual abuse and sexual harassment. It also addresses Conduct and Performance, contains ited behaviors for staff, and includes sanctions for employees and inmates who have participated prohibited behaviors.
Standa	ard 115.	12 Contracting with other entities for the confinement of inmates
		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
	confine	oward County Department of Corrections has not entered into or renewed a contract for the ement of inmates since August 20, 2012 and does not contract with other agencies for the ement of inmates.
Standa	ard 115.	13 Supervision and monitoring
		Exceeds Standard (substantially exceeds requirement of standard)
	\times	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (requires corrective action)
	PREA C	ow of the agency staffing plan indicates the agency has adequate resources to meet its needs. The Coordinator reviewed and approved the staffing plan. The review included facility physical layout, essment of the video monitoring system, telephone access, radio access, composition of the inmate tion, and staffing levels. The facility never operates below the mandatory staffing level. Policy A-

ite population , and staffing levels. The facility never operates below the mandatory staffing level. Policy A 004 supports this standard. Interviews with staff and inmates indicate that unannounced rounds are regularly conducted. Documentation of unannounced rounds that cover all shifts was reviewed; both the documentation and a review of video confirmed the practice.

Standard 115.14 Youthful inmates

Exceeds Standard	(substantially	exceeds re	auirement o	f 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)

This standard required corrective action which the facility had begun developing prior to the initial audit. There were inmates under the age of 18 years of age in the facility at the time of the audit. During the on-site portion of the audit each of these inmates was interviewed by the PREA auditor. The female inmates classified as youthful offenders were separately housed as required by the standard. Inspection of the housing unit verified the female youthful inmates did not have sight or sound contact with adult inmates. There is direct supervision at all times when youthful inmates are in programming areas where adult inmates may also be. While the facility policy supports this standard, a 17 year old male inmate was a housed in the reception area where he was not physically separated from adult inmates. The youth disclosed that he was safe and had experienced no issues during his stay at the facility which was just over a week at the conclusion of the on-site visit. During the site visit, the facility was working diligently to have the youth transferred to a juvenile facility.

The recommendations made to be fully compliant with this standard consisted of establishing a memorandum of understanding with the Department of Juvenile Services to house youthful offenders in one of their facilities; and to establish a policy of transferring youthful inmates unable to be housed in a juvenile facility to another facility in Maryland that has a youthful offender unit. The Assistant Director had already begun the process of securing written agreements prior to the conclusion of the on-site portion of the audit.

A site visit was conducted by the auditor on August 12, 2015, four weeks after the initial site visit. A draft memorandum regarding the housing of youthful offenders was reviewed by the auditor. The memorandum meets the beauty of the standard. Further, on October 1, 2015, Maryland House Bill 618 was made law. The bill specifically requires the state's Department of Juvenile Services to house youthful offenders in juvenile facilities. The passage of the law further supports the initiatives undertaken by Howard County Department of Corrections. In the months since the on-site portion of the initial audit the facility has remained compliant with their revised policy outlining the housing and classification of youthful offenders. No youthful offenders have been housed with adults since July 2015, the process has been monitored by the auditor to ensure full compliance with the standard. Monitoring has included site visits, interviews with the PREA Compliance Manager; as appropriate, and document review.

Standard 115.15 Limits to cross-gender viewing and searches

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

Policy E-402 addresses this standard. All staff reported that they received cross-gender pat search training they also reported a clear understanding of searching transgender and intersex inmates in a professional and respectful manner consistent with security needs. Interviews of staff and inmates indicate that inmates are allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. Opposite gender staff announce their presence verbally when entering housing units with inmates of the opposite gender. These announcements were observed by the auditor during the tour of all areas of the facilities and confirmed by staff and inmates. Staff reported an awareness of the prohibition of searching transgender or intersex inmates to determine genital status. PREA posters were clearly posted throughout the facility and on each housing unit. Posters were in English and Spanish. The inmate orientation video is also in English and Spanish. Inmates requiring interpreting services are afforded such through a company called Language Select.

Stand	ard 115	.16 Inmates with disabilities and inmates who are limited English proficient
		Exceeds Standard (substantially exceeds requirement of standard)
	\times	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (requires corrective action)
	takes a have a respor English Depart the De bi-ling	H-736 addresses the requirements of this standard. The Howard County Department of Corrections appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency in opportunity to participate in and benefit from the agency's efforts to prevent, detect, and indict to sexual abuse and sexual harassment. PREA handouts, postings and inmate handbooks are in and Spanish. Inmates requiring interpreter services are provided these services through the timent's contract with Language Select. Inmate and staff interviewed confirmed their knowledge of partment's policy and access to resources as needed. Howard County also employs staff who are ual and assist in the effective communication with inmates. Staff interviewed were all aware that no circumstances are inmate interpreters or assistants to be used in dealing with any PREA related in the circumstances are inmate interpreters.
Stand	ard 115	.17 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)
	backgr standa comple Backgr that up	A-017 addresses this standard. The Facility employs a Captain who is in charge of conducting round checks. An interview with her was conducted and confirmed that all components of this and have been met. All employees, contractors, and volunteers have had background checks eted. All applicants are required to disclose misconduct prior to selection for promotion. round checks are required before approving a promotion. A tracking system is in place to ensure podated background checks are conducted every five years. Policy states false information tted by applicants is grounds for termination.
Stand	ard 115	.18 Upgrades to facilities and technologies
		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)
	expans utilize	cility has an extensive video and visual monitoring system in place. There have been no substantial sions or updates of existing facilities since August 20, 2012. A total of 224 security cameras are d within the facility to enhance monitoring of inmates. The facility has plans to continue efforts in which includes upgrades to camera system.
Stand	ard 115	.21 Evidence protocol and forensic medical examinations
		Exceeds Standard (substantially exceeds requirement of standard)
	\times	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
	П	Does Not Meet Standard (requires corrective action)

Policy A-033 and the memorandums of understanding with the Police Department and the Domestic Violence Center address compliance with all aspects of this standard. Medical and custody staff were interviewed concerning this standard. Staff reported knowledge of the facilities' procedures to obtain usable physical evidence if sexual abuse is alleged. Each staff in the facility wears a badge outlining the duties of the first responders. Staff was keenly aware of the protocol. Specific actions and clinical decisions are required to determine if an inmate is to be transported to a local hospital to receive a SAFE exam. No SAFE exams were conducted within the last year. Arrangements have been made to transport inmates to Howard County General hospital in response to a sexual assault. The inmate will not be charged for any services related to PREA compliance. The facility has in place a Memorandum of Understanding with a local crisis center to provide outside confidential support services related to sexual abuse and harassment as well as victim advocacy services.

Standard 115.22 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)

Policy A-033 addresses compliance with this standard by ensuring all sexual abuse and sexual harassment allegations are immediately investigated. All criminal investigations are handled by the Howard County Police Department. All investigations are initiated immediately upon referral.

Standard 115.31 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)

Policy A-033 addresses this standard. The agency provided documentation that demonstrated compliance Staff must sign verifying they understand the training received. Staff interviews confirmed that they have a clear understanding of the zero tolerance policy and their roles in the preventing, detecting, reporting and responding to a sexual assault or sexual harassment incident and the dynamics of sexual abuse and harassment in a confinement setting.

Standard 115.32 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)

Policy A-033 addresses this standard. All contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's policy related to the prevention, detection, and response to sexual abuse and sexual harassment prevention. Interviews of two contracted nurses demonstrated their knowledge of PREA and their responsibilities related to PREA compliance.

Standa

Standa	rd 115.	33 Inmate 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)
	informa proficie departi and sev video w on Thui Each ho accessi Additio informa sexual	ance with this standard is addressed in policies A-033 and H-736. Inmates receive PREA ation during the intake process. The facility maintains a list of staff who are bi-lingual and or ent in sign language to assist in the appropriate delivery of information to inmates. Further, the ment contracts with a vendor for outside interpreting services which are available 24 hours a day wen days a week. In addition to the initial information inmates receive at intake, inmates watch a which provides information and all inmates must attend PREA training which is held once a week rsdays. All inmates admitted from Thursday through Wednesday must receive the weekly training ousing unit had zero tolerance posters and information related to the PREA hotline visible and lible. Inmates also have the ability to email an administrator using the kiosk available on the unit. In anally, each time an inmate makes a telephone call an automated message delivers PREA ation. Interviews of the inmates confirmed their understanding of their rights to be free from harassment and abuse as well as their right to be free from retaliation for reporting incidents of harassment and abuse. Various staff interviews also supported compliance with this standard.
Standa	ırd 115.	34 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)
	×	Not applicable
		d County Department of Corrections refers all aspects of the investigatory process related to assault and sexual harassment to the Howard County Police Department.
Standa	rd 115.	35 Specialized training: Medical and mental health care

Does Not Meet Standard (requires corrective action) Policy I-811 27.14 addresses this standard. Documentation shows that the medical and mental health staff members have completed training required by policy. The facility nurses do not conduct forensic medical examinations. Interviews with medical, mental health staff and facility leadership support that they have a full understanding of the training they received as well as their roles and responsibilities as

Meets Standard (substantial compliance; complies in all material ways with the standard for the

Exceeds Standard (substantially exceeds requirement of standard)

×

relevant review period)

they relate to PREA response.

Stand	ard 115	.41 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)
	screen inmate within reasse The in regard The to the in well m disclos	A-033 page 6 section F which outlines that all inmates are assessed during intake and receive a ning for their risks of being sexually abused by other inmates or sexually abusive towards other es. Policy C-200 requires that the risk assessment for victimization and abusiveness is completed 72 hours. Policy D-300 addresses required reassessments and guidelines. No inmates required essment during the past 12 months. The intake process was reviewed and observed by the auditor. take process was in keeping with the PREA standards. The screening tool included questions ling disabilities and whether or not the inmate disclosed their sexual orientation/gender identity. For also asked whether inmates had previously experienced sexual victimization. The perception of mate regarding his or her vulnerability was also considered. The screening and intake process was nanaged. Information gathered from the intake process was maintained confidentially and only seed to those staff with a need to know basis.
stand		3.42 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 fac progra separa assign the pr assign with t	D-300 addresses the requirements of this standard. A review of the risk screening form indicated cility uses the information from the screening tool to determine housing, cell, work, education, and am assignments. The facility's goal is to keep inmates at high risk of being sexually victimized ate from those who are at a high risk of being sexually abusive. Guidelines on housing and program ments and for the management of transgender and intersex inmates are outlined in this policy. At essent time, the facility does not have any transgender or intersex inmates. All housing and program ments are made on a case by case basis. Interviews with staff and inmates confirmed compliance the facility's policy which is in keeping with the expectations of this standard.
stand	ard 115	3.43 Protective custody

S

Ш	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)

Agency Policy D-300 states inmates at high risks 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. Reviews of protective custody status will take place at least every 30 days. Interviews with staff indicated there have been no inmates placed in this status within the previous year.

Standard 115.51 Inmate 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 Howard County Department of Corrections provides multiple internal ways for inmates to report sexual abuse, sexual harassment and incidents of retaliation. Inmates and staff interviews confirm that inmates are able to make reports verbally, in writing, anonymously and through third party reporting. Inmates may make calls through the inmate phone system where they have access to both internal and external hotlines. Both hotlines were tested by the auditor and were confirmed to be working properly. The auditor called the external hotline and went through a "test" report. An administrator from the hotline was interviewed and confirmed the elements of the Memorandum of Understanding that was in place to provide advocacy, emotional support, counseling and other assistance to inmates who might need the services. Inmates also have the ability to email administrators through the kiosk system. A demonstration of the kiosk system was performed by the PREA Coordinator/compliance Manager.

Standard 115.52 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)
×	Not applicable

Howard County Department of Corrections does not have administrative procedures to address inmate grievances regarding sexual abuse. As such and in accordance with section (a) the facility is exempt from this standard.

Standard 115.53 Inmate 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)

Policy A-033 demonstrates compliance with this standard. The Domestic Violence Center of Howard County is used for confidential reporting and outside confidential support services. The inmates have access to contact information for crisis intervention, advocacy, and support services. Interviews found that inmates were aware that service were available and provided to them free of charge if they requested them. The memorandum of Understanding was presented to and reviewed by the auditor. Additionally, interviews with Center personnel confirmed their commitment to provide said services to the inmates. The interview also revealed that the crisis center will respond to Howard County General Hospital when notified by the facility of an alleged incident. Further, Howard County General Hospital policy requires all sexual assaults to be reported to the Domestic Violence Center which establishes a check and balance further ensuring intervention, advocacy, and crisis support for inmates that experience abuse. The interview revealed that counseling and support is also available to inmates having previously experienced sexual assault and or abuse. The willingness and availability of the Domestic violence Center to provide support and services to the facility in various capacities establishes a concrete support system for the inmates.

Stallu	aiu 115	.54 Tillia-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)
	detaili inmate well as access report ensure an inm	rd County Department of Correction's provides avenues to notify the public with information ng how they may report sexual abuse, sexual harassment or incidents of retaliation on behalf of es housed by the Department. These avenues include information on the Department's website as a digital bulletin in the lobby of the facility which runs 24 hours a day, 7 days a week. The sibility of information for those closest to the inmates provides them specifics on how they can actual or suspected abuse. By using the website and the electronic bulletin the Department es the information is widely disseminated. Staff and inmate interviews revealed all were aware of nate's right to report sexual abuse or sexual harassment to others outside of the facility and the fact he third party could make a report on behalf of the inmate.
Stand	ard 115	.61 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)
	receive incide retalia	ff are required by Policy A-033 to immediately report any knowledge, suspicion or information they e regarding sexual abuse and harassment, retaliation against inmates or staff who report any nts, and any staff neglect or violation of responsibilities that may have contributed to an incident or tion. Interviews with staff verified that their awareness of their responsibility to report and further reted compliance with this standard.
Stand	ard 115	.62 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)
	being : risk fo	A-033 requires staff to take immediate action to protect an inmate when he/she is identified as subject to substantial risk of imminent sexual abuse. There were no inmates identified as being at r sexual abuse in the past 12 months. Interviews with staff and the Director confirmed compliance his standard.
Standard 115.63 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)

Policy A-033 supports compliance with this standard. Policy requires the Director to notify the head of the other facility or appropriate office or agency where the alleged abuse or harassment occurred within 72 hours of receiving an allegation that an inmate was sexually abused while confined at another facility. During the past 12 months, there were no allegations received from other facilities that an inmate was abused while confined at Howard County Department of Corrections. There were two allegations of abuse reported to have happened while inmates were at other facilities. In both cases, the facilities received written correspondence regarding the abuse.

		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)
	separa still allo could d physica physica	A-033 requires staff to take specific steps to respond to a report of sexual abuse including; ting the alleged victim from the abuser; preserving any crime scene within a period of time that lows for the collection of physical evidence; request the alleged victim not take any action that lestroy physical evidence; and ensure that the alleged abuser does not take any action to destroy all evidence, if the abuse took place within a time period that still allows for the collection of all evidence. Interviews with random and specialized staff confirmed that staff are aware of their sibilities when it comes to their duties as first responders.
Standa	rd 115.	65 Coordinated response
		Exceeds Standard (substantially exceeds requirement of standard)
	\times	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
		Does Not Meet Standard (requires corrective action)
	sexual is in co knowle	A-033 outlines the written plan that coordinates actions to be taken in response to an incident of assault among staff first responders, medical, and facility leadership. The plan was reviewed and mpliance with this standard. Interviews with the Director and other staff revealed that they are edgeable of their duties in response to an allegation of sexual abuse and their response is in g with the facility's coordinated response plan.
Standa	rd 115.	66 Preservation of ability to protect inmates 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)

agreement or another agreement since August 20, 2012.

The Howard County Department of Corrections has not entered into or renewed any collective bargaining

Standa	Standard 115.67 Agency protection against retaliation		
		Exceeds Standard (substantially exceeds requirement of standard)	
	\times	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (requires corrective action)	
	abuse of Policy s staff w have co staff) t shall be multipl	A-033 requires the Director to ensure the protection of inmates and staff who have reported sexual or harassment or who have cooperated in a sexual abuse or sexual harassment investigation. States specifically: "The Department shall closely monitor the conduct or treatment of inmates or tho report sexual abuse and of inmates who have suffered from sexual abuse and inmates who coperated with investigations for a minimum of 90 days (longer if recommended by treatment to see if there are changes that would be a result of retaliation by inmates or staff. Supervisors to designated by the Director as well as treatment staff to monitor such conduct". The agency has be protection measures to employ in its efforts to protect staff and inmates. Here were no incidents liation in the past 12 months.	
Standa	Standard 115.68 Post-allegation protective custody		
		Exceeds Standard (substantially exceeds requirement of standard)	
	\times	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (requires corrective action)	
	protect sexual availab alterna at leas	oward County Department of Corrections does not have a policy prohibiting post allegation tive custody. As stated in Standard 115. 43: Agency Policy D-300 states inmates at high risks for victimization shall not be placed in involuntary segregated housing unless an assessment of all ple alternatives has been made; and a determination has been made that there is no available ative means of separation from likely abusers. Reviews of protective custody status will take place to every 30 days. No inmate has alleged sexual abuse in the past 12 months, protective custody to been necessary.	
Standa	ard 115.	71 Criminal and administrative agency investigations	
		Exceeds Standard (substantially exceeds requirement of standard)	

Policy A-033 requires criminal investigations to be conducted by the Howard County Police Department. All substantiated investigations shall be referred for prosecution. Policy further requires staff members to cooperate with all investigations. There have been no substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

Meets Standard (substantial compliance; complies in all material ways with the standard for the

×

relevant review period)

Does Not Meet Standard (requires corrective action)

Standa	Standard 115.72 Evidentiary standard for administrative investigations		
		Exceeds Standard (substantially exceeds requirement of standard)	
	\times	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (requires corrective action)	
	standa	A-033 demonstrates compliance with this standard. The policy states the agency shall impose a and of preponderance of the evidence or a lower standard of proof for determining whether cions of sexual abuse or sexual harassment are substantiated.	
Standa	ard 115	.73 Reporting to inmates	
		Exceeds Standard (substantially exceeds requirement of standard)	
	\times	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (requires corrective action)	
	sexual unsubs In the	A-033 demonstrates compliance with this standard. Policy requires that after an allegation of abuse the inmate shall be informed as to whether the allegation was substantiated, stantiated or unfounded. All such notifications and attempts of notifications shall be documented. last twelve months there were no investigations of alleged sexual abuse, as a result, there was no ement for inmate notifications.	
Standa	ard 115.	.76 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)	
	Specifi person with H dismiss has be reported discipli	A-033 outlines the agency's disciplinary response related to violations of the PREA policy by staff. cally, disciplinary sanctions for staff may include termination. The policy states "Authorized and who become involved in sexual misconduct shall be subject to disciplinary action in accordance oward County Department of Corrections policy and Howard County Code, up to and including sal, and may be subject to prosecution under Maryland State Law". In the past 12 months, no staff en terminated or has resigned for violating the facility's PREA policies; as such, no staff has been led to law enforcement or licensing boards following termination. Nor has any staff been lined, short of termination, for violation of agency sexual abuse or sexual harassment policy in the 2 months.	
Standard 115.77 Corrective action for contractors and volunteers			
		Exceeds Standard (substantially exceeds requirement of standard)	
	\times	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
		Does Not Meet Standard (requires corrective action)	

Policy A-033 states "Authorized personnel involved in sexual misconduct, who are not employees, shall lose their privilege to enter the facility. Any unethical act/behavior of sexual harassment or sexual misconduct committed by HCDC licensed professional staff or other authorized personnel shall, upon substantiated allegation, shall also result in reporting the matter to the professionals licensing agency." As cited in the previous standard, individuals who become involved in sexual misconduct may be subject to prosecution under Maryland State Law. During the past 12 months, no contractor or volunteer has been reported to law enforcement or any agency for allegations of sexual abuse.

Standard 115.78 Disciplinary sanctic	ons for inmates
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Policy H-713 supports compliance with this standard. The policy prohibits all inmate sexual conduct. Inmates may receive disciplinary sanctions following a finding or a criminal investigation that an inmate engaged in sexual conduct. There were no findings or findings of guilt for inmate-on-inmate sexual abuse occurring at the facility in the past 12 months.		
	Does Not Meet Standard (requires corrective action)	
×	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
	Exceeds Standard (substantially exceeds requirement of standard)	

Standard 115.81 Medical and mental health screenings; history of sexual abuse

	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)

Policy A-033 supports compliance with this standard. Inmates who disclosed prior sexual victimization are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Medical and mental health staff maintain secondary materials documenting compliance with this standard. Inmates who disclosed previously perpetrating sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days. Interviews with medical and mental health staff confirm that informed consent is obtained from inmates who disclose prior victimization that did not occur in an institutional setting if the inmate is over the age of 18.

Standard 115.82 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)

Policy A-033 requires timely and unimpeded access to emergency medical treatment, crisis intervention services and victim advocacy services. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement. Inmate victims of sexual abuse while incarcerated are offered timely access to appropriate medical treatment. The facility uses Howard County General Hospital for emergency medical services and they have a memorandum of understanding with Howard County Domestic Violence Center for the provision of emotional support, crisis response and mental health support. 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.

Stand	dard 11!	5.83 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)		
	Policy A-033 addresses this standard. Services provided by the Howard County Department of Corrections are consistent with community level of care without financial cost to the inmate. The uses Howard County General Hospital for emergency medical services and employs mental heal for the well-being of inmates. The Department also maintains a memorandum of understanding Howard County Domestic Violence Center for additional mental health and emotional support. Compliance with this standard was further supported by interviews with medical and mental heast well as document reviews.			
Standard 115.86 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)		
	reviev sexua Interv	A-033 outlines compliance with this standard and provides information regarding the incident w team and its role in responding to and reviewing incidents. The Policy details the make-up of the all abuse incident review team and the elements to be considered in their assessments of incidents. Views with staff revealed that they understand the purpose of the incident review team and the ss by which they are to follow in conducting the reviews.		
Standard 115.87 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)		
	every repor Direct order	A-033 supports compliance with this standard. The agency collects accurate uniform data for allegation of sexual abuse using a standardized instrument. The data is used to prepare an annual to the PREA Coordinator reviews aggregate data on an annual basis and presents the findings to the tor for use in determining whether changes may be needed to existing policies and practices in to further the goal of eliminating sexual abuse. The facility's aggregate data, after approval by the tor/designee is made available on the HCDC website.		
Standard 115.88 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)		

Howard County Department of Corrections reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies. The PREA Coordinator will review the collected and aggregated data to assess and improve the effectiveness of the PREA related efforts and initiatives. This standard is supported by policy A-033.

Standard 115.89 Data storage, publication, and destruction				
I		Exceeds Standard (substantially exceeds requirement of standard)		
[×	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)		
İ		Does Not Meet Standard (requires corrective action)		
		gregated PREA data is reviewed and all personal identifiers are removed. Data is properly stored, ined and secured. Access to data is tightly controlled.		
AUDITOR CERTIFICATION I certify that:				
[×	The contents of this report are accurate to the best of my knowledge.		
[×	No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and		
[×	I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.		
3	tha	DR-Ma Cair		
		November 21, 2015		

Auditor Signature

Date