

POLICY

POLICY: Elimination and Reporting of Sexual Abuse and Harassment-
PREA Juvenile Facility Standards Compliance
NUMBER: RF-701-15
APPLICABLE TO: All DJS Employees, Volunteers, Contracted Program
Providers, and Residential Child Care Programs Licensed by
DJS

APPROVED: _____ /signature on original/
Sam Abed, Secretary

DATE: _____ 2/4/15

I. POLICY

The Department of Juvenile Services has zero tolerance for all forms of sexual abuse and harassment against any youth in its custody and in its licensed or contracted residential programs. Suspected or alleged acts of sexual abuse and harassment shall be referred for investigation to the Department of Social Services, Child Protective Services Division and law enforcement in accordance with applicable laws and regulations.

The Department of Juvenile Services shall establish operating procedures to ensure compliance with the federal Prison Rape Elimination Act (PREA), Juvenile Facility Standards. The Department of Juvenile Services shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

All staff or youth who report or cooperate with investigations of sexual abuse or harassment or suspected sexual abuse or harassment shall be held free from retaliation.

II. AUTHORITY

- A. Prison Rape Elimination Act (PREA) of 2003, Public Law 108-79, 108th Congress
- B. National Prison Rape Elimination Commission, Standards for Juvenile Facilities (see at http://nprec.us/publication/standards/juvenile_facilities/)
- C. Code of Md., Criminal Law Article, § 3-303 to §3-314 and §9-501 to §9-503
- D. Code of Md., Family Law Article, §5-701 to §5-715
- E. Code of Md., Human Services Article, §9-227 and §9-229
- F. COMAR 07.02.07.01 to 07.02.07.22
- G. COMAR 16.05.01 to 16.06.04

III. DIRECTIVES/POLICIES RESCINDED

Elimination and Reporting of Sexual Abuse and Harassment, RF-01-09

IV. FAILURE TO COMPLY

Failure to comply with this policy and standard operating procedures issued with this document shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
New policy issued in compliance with the federal Prison Rape Elimination Act (PREA)	6/16/10
Old policy (RF-01-09) rescinded; new policy issued (RF-701-14) to conform to new policy formatting requirements. Substantive changes made to the procedures include the following revisions to ensure compliance with the final rules of the federal Prison Rape Elimination Act (PREA): 1. Added requirement that LGBTQ youth shall be housed in the least restrictive setting. 2. Additional supervision and monitoring procedures. 3. Added procedures for the notification of the results of the investigation, administrative actions/discipline, and criminal charges. 4. Added list of hospitals with qualified forensic medical examiners. 5. Additional procedures for the DJS OIG to monitor for retaliation. 6. Added sections for: a. PREA Mandated Disclosure Form b. Youth Education c. Facility Upgrades and Technologies d. Interventions e. Youth Notifications f. Disciplinary Sanctions for Staff and Youth g. Ongoing Medical and Mental Health Services h. Corrective Actions for Contractors and Volunteers i. Data Collection, Review, and Publication	2/4/15
Added Section F - Post Allegation Protective Custody	4/21/15
Added requirement in Section I for staff to report any contractor or volunteer who engages in sexual abuse to relevant licensing bodies	6/29/15

PROCEDURES

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NUMBER: RF-701-15

APPLICABLE TO: All DJS Employees, Contracted Program Providers, and
Residential Child Care Programs Licensed by DJS

APPROVED: _____ /signature on original/
Linda McWilliams, Deputy Secretary

DATE: _____ 6/29/15

I. PURPOSE

The Department of Juvenile Services (DJS or Department) establishes the Elimination and Reporting of Sexual Abuse and Harassment Procedures in accordance with the Prison Rape Elimination Act (PREA) Juvenile Facility Standards, to prohibit and prevent sexual abuse and harassment and to detect, report, investigate, and address any allegation of abuse or harassment involving any youth in the custody of DJS and its licensed or contracted residential program providers.

II. DEFINITIONS

Allegation means an assertion that an act of sexual abuse and/or harassment occurred. Following an investigation of the allegation, one of the following dispositions will be made:

- Substantiated (Indicated) – the event was investigated and determined to have occurred, based on a preponderance of the evidence.
- Unsubstantiated – the investigation concluded that evidence was insufficient to determine whether or not the event occurred.
- Unfounded (Ruled Out) – the investigation determined that the event did NOT occur.

Consensual sexual activity is any sexual activity between youth or between youth and staff where there is mutual consent. All consensual sexual activity is prohibited in DJS facilities.

Contractor means a person who provides residential services to DJS youth pursuant to a contractual agreement with the Department.

Intersex means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

PREA Response Kit is a kit that contains the supplies necessary for staff to preserve and document forensic evidence after an alleged sexual assault in preparation for a youth to receive a forensic examination at a local hospital and for investigation by police.

Questioning refers to a person, often an adolescent, who is exploring or questioning issues of sexual orientation, gender identity or gender expression in his or her life. Some questioning people will ultimately identify as gay, lesbian, bisexual or transgender; others will self-identify as heterosexual and not transgender.

Sexual Abuse:

- **Youth on youth sexual abuse includes** any of the following acts when the victim is coerced into such act by overt or implied threats of violence or is unable to consent or refuse:
 - Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - Contact between the mouth and the penis, vulva, or anus;
 - Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.
- **Sexual abuse by a DJS employee, an employee of a contracted program provider, or DJS volunteer includes:**
 - Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - Contact between the mouth and the penis, vulva, or anus;
 - Contact between the mouth and any body part where the DJS employee, an employee of a contracted program provider, or DJS volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the DJS employee, an employee of a contracted program provider, or DJS volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the DJS employee, an employee of a contracted program provider, or DJS volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - Any attempt, threat, or request by DJS employee, an employee of a contracted program provider, or DJS volunteer to engage in the activities described above in this section;

- Any display by a DJS employee, an employee of a contracted program provider, or DJS volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a youth: and
- Voyeurism by a DJS employee, an employee of a contracted program provider, or DJS volunteer.

Sexual Harassment means repeated verbal comments or gestures of a sexual nature; demeaning references to gender or sexual orientation; sexually suggestive or derogatory comments; obscene language or gestures; unwelcome sexual advances; and requests for sexual favors directed at a youth by another youth or staff.

Volunteer means an individual at least eighteen (18) years of age who has successfully completed the volunteer application process and has been approved by the Department to donate service hours to youth, their families or DJS operations, including but not limited to, mentors, student interns, and staff from profit or non-profit groups, faith-based organizations, colleges and universities.

Voyeurism means an invasion of privacy of a youth by a DJS employee, an employee of a contracted program provider, or DJS volunteer for reasons unrelated to official duties, such as peering at a youth who is using a toilet in his or her room to perform bodily functions; requiring a youth to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions.

Vulnerable youth means a youth who may be vulnerable to becoming a victim of sexual abuse or harassment. Vulnerable youth may include, but are not limited to, youth who are lesbian, gay, bi-sexual, trans-gender, intersex, victim of sexual abuse, or who have cognitive or mental health impairment.

III. PROCEDURES

A. PREVENTION

1. The Department shall employ or designate an agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee DJS efforts to comply with PREA standards in all of its facilities.
2. Each Facility Administrator shall designate a facility PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with PREA juvenile facility standards.
3. **Background Checks:** All applicants, volunteers, and contracted staff shall be subject to a criminal records check, Child Protective Services (CPS) check and Sex Offender Registry check, in accordance with the *Criminal Background Investigations, Reporting and Investigating Child Abuse and Neglect*, and *Random or Reasonable Suspicion Checks of Child Abuse or Neglect Policies and Procedures*.

4. **PREA Mandated Disclosure Form**
 - a. All applicants and employees applying for a promotional opportunity shall complete and sign the **PREA Mandated Disclosure Form (Appendix 1)**.
 - b. Employees have an ongoing obligation to disclose to supervisors/administrators any sexual misconduct as described on the PREA Mandated Disclosure Form.
 - c. At the time of each performance review (interim or annual), all employees shall complete and sign the **PREA Mandated Disclosure Form (Appendix 1)**.
 - d. The completed **PREA Mandated Disclosure Form (Appendix 1)** shall be placed in the employees personnel file. Material omission by an employee regarding their misconduct, or the provision of materially false information, shall be grounds for termination.
 - e. Contractors (to include contract Resident Advisors) shall be subject to the requirements of sections III.A.4(a) and 4(b) above. They also shall be required to complete the PREA Mandated Disclosure Form annually on July 1st and no later than July 10th. A copy of the completed forms shall be maintained by the designated departmental Director or Administrator.

5. **Employee Training**
 - a. All employees who have direct contact with youth shall receive entry-level and annual training on the Department's Elimination and Reporting of Sexual Abuse and Harassment Policy and Procedures. They must also complete all other Department approved training as listed in **PREA Mandated Training (Appendix 2)**.
 - b. The Department's training unit shall provide entry-level and annual training that addresses all areas of employee training in accordance with PREA Juvenile Facility Standard 115.331, Employee Training.
 - c. Staff shall acknowledge, in writing, receipt and understanding of all training provided.

6. **Volunteers and Contract Provider Training**
 - a. All volunteers and contractors **shall** receive training in the *Elimination and Reporting of Sexual Abuse and Harassment Policy and Procedures* and shall acknowledge, in writing, receipt and understanding prior to having any contact with youth.
 - b. Volunteers and contractors shall complete all other Department approved training as listed in **PREA Mandated Training (Appendix 2)**.

7. **Youth Education**

- a. All youth upon admission shall receive information explaining the Department's zero tolerance policy for all acts of sexual abuse and harassment and procedures for reporting incidents or suspicions of sexual abuse or sexual harassment. Accommodations shall be made to address the special needs of youth, to include vision or hearing losses, limited reading ability, intellectual, psychiatric, or speech disabilities to provide for an understanding of all information presented.
- b. All youth admissions and orientation shall be completed in accordance with the guidelines of the *Admissions and Orientation of Youth in DJS Facilities Policy and Procedures*.
- c. Facilities shall ensure the provision of interpreters for youth who have limited English proficiency. The facility shall not rely on youth interpreters or resident readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first response duties, or the investigation of the youth's allegation.
- d. Each youth shall receive or have access to a facility Youth Handbook. Staff shall ensure that each youth understands its contents. The Youth Handbook shall provide detail on the multiple ways to report suspected or alleged incidents of sexual abuse and harassment, including, verbal and written reports or the use of the youth phone system.
- e. Youth shall be instructed and encouraged to report incidents to any trusted adult, parent/guardian, Youth Advocate, or attorney.
- f. Within 10 calendar days of admission, Youth Advocates or a designee shall provide a comprehensive age-appropriate education to the youth, in person or through video, regarding their rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and departmental policies and procedures for responding to such incidents.
- g. Locked boxes shall be placed in areas throughout the facility that are accessible to youth for submitting confidential grievance reports of sexual abuse or harassment to Youth Advocates. No time limit shall be imposed on when a youth may submit a grievance regarding an allegation of sexual abuse. Youth are not required to use any informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse.
- h. Youth shall be advised that they can report sexual abuse or harassment anonymously to a party that is not part of the Department using the youth phone system. Instructions for use of the youth phone system shall be posted in each living unit. Youth shall be advised that these reports will be shared with the Department for investigation.

- i. Each facility shall post toll-free numbers and addresses of community programs that will accept reports of abuse and provide supporting counseling.

8. **Supervision**

- a. Each facility shall develop, implement, and document a staffing plan in accordance with the guidelines of the *Direct Care Staffing Policy and Procedures*.
- b. The supervision and monitoring of youth to eliminate incidents of sexual abuse and harassment must adhere to the *Supervision and Movement of Youth Policy and Procedures*. Male and female youth shall not be housed together, placed into holding cells together, or permitted to participate in co-educational programs without direct supervision.
- c. Searches of youth to eliminate incidents of sexual abuse and harassment must adhere to the *Searches of Youth, Employees, and Volunteers Policy and Procedures*.

B. REPORTING

1. All staff shall report immediately and in accordance with the *Incident Reporting Policy and Procedures* and the *Reporting and Investigating Child Abuse and Neglect Policy and Procedures* any knowledge, suspicion, or information they receive regarding any incident of sexual abuse or harassment that occurred in a facility involving a youth, whether or not it is part of the Department; retaliation against youth or staff who reported such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. Staff may accept reports of alleged sexual abuse and harassment verbally, in writing, anonymously, or from third parties. All reports shall be documented in an Incident Report prior to the end of the work day/shift.
3. The Facility Administrator/designee must provide oversight to ensure that all allegations of sexual abuse and harassment are reported to CPS, Maryland State Police (MSP), and the Office of the Inspector General (OIG) for investigation in accordance with the *Incident Reporting Policy and Procedures* and the *Reporting and Investigating Child Abuse and Neglect Policy and Procedures*.
4. Medical and mental health practitioners shall report sexual abuse in accordance with mandatory reporting laws and the *Incident Reporting Policy and Procedures*. These practitioners must inform youth at the initiation of services of their duty to report and the limitations of confidentiality.
5. Medical and mental health practitioners shall obtain informed consent from youth before reporting information about prior sexual abuse and harassment that did not occur in an institutional setting, unless the resident is under the age of 18.
6. Upon receiving an allegation that a youth was sexually abused while

confined at another facility, the Facility Administrator that received the allegation shall notify the Facility Administrator where the alleged abuse occurred and immediately report the incident in accordance with the *Incident Reporting Policy and Procedures* and the *Reporting and Investigating Child Abuse and Neglect Policy and Procedures*.

C. INTERVENTIONS

1. **Staff having knowledge or suspicions of alleged sexual abuse or harassment shall:**
 - a. Take seriously all statements from youth that they have been the victim of alleged sexual abuse or harassment and respond supportively and non-judgmentally.
 - b. Immediately inform the Shift Commander/designee.
 - c. Ensure that the youth and alleged perpetrator are physically separated so that there is no possibility of contact.
 - d. If the alleged aggressor is a staff, the shift commander, or designee must remove the staff from having contact with all youth. This separation shall be maintained until the investigation is completed and the staff receives administrative clearance to resume regular duties.

2. **The first staff responding to an incident of alleged sexual abuse shall:**
 - a. Take the preliminary steps to protect the alleged victim.
 - b. Secure the incident area pending investigation and collection of evidence by the MSP. Use the PREA Response kit to preserve physical evidence that may be on the youth or the youth's clothing.
 - c. Ensure the alleged victim does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected.
 - d. Ensure that the alleged aggressor does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected.
 - e. Immediately notify medical staff, and the Shift Commander of the alleged abuse to initiate services promptly.

3. **The Shift Commander shall**
 - a. Ensure that the youth is protected from the aggressor, and that steps defined in Section III. C. 2 a. through e., are implemented.
 - b. Immediately advise medical and mental health staff. Arrange for the transport of the youth as directed by medical staff to the nearest hospital emergency room.
 - c. As requested by youth, contact the child advocate, qualified staff member, or qualified community-based organization staff member to accompany and support the youth through the forensic medical examination process and investigatory interview and provide emotional support, crisis intervention, information, and referrals.

- d. Ensure the incident is reported to MSP and the DJS OIG. Ensure that all notifications are made in accordance with the *Incident Reporting Policy and Procedures* including notifying the Facility Administrator, youth's parent, guardian, the facility and community case managers, social worker as appropriate, and utilizing the chain of command to ensure notification of the Facility Administrator, assigned Executive Director, Deputy Secretary for Operations, and the Secretary.
 - e. Ensure that the incident is reported to CPS. If the medical unit makes the notification to CPS confirm notification through receipt of the **CPS Suspected Child Abuse/Neglect Report (Appendix 3)**, otherwise make the oral report to CPS, complete the **CPS Suspected Child Abuse/Neglect Report** and forward to CPS prior to the end of the shift.
 - f. Actively cooperate with the MSP, any other law enforcement agencies, and CPS to ensure that any allegation of sexual abuse or harassment, including third party and anonymous reports, are investigated.
 - g. Ensure the completion of an Incident Report in accordance with the *Incident Reporting Policy and Procedures*.
4. **Medical Staff Responsibilities**
- a. Provide emergency measures if necessary to stabilize the youth without interfering with the collection of evidence.
 - b. Use the PREA Response Kit to preserve physical evidence that may be on the youth or the youth's clothing.
 - c. Complete the Nursing Report of Youth Injuries Form.
 - d. Report the incident to CPS. Complete the **CPS Suspected Abuse/Neglect Report (Appendix 3)** and forward a copy to CPS and the Shift Commander or designee.
 - e. Photograph any visible injury in accordance with *Incident Reporting Procedures*.
 - f. Refer, as needed, the alleged victim to the nearest hospital emergency room that has a qualified, trained forensic medical examiner (**See Appendix 4 for list of qualified hospitals.**)
 - g. Offer victims of sexual abuse timely information and timely access to prophylactic treatment for prevention of sexually transmitted infections, HIV, emergency contraception for pregnancy and access to this treatment, as appropriate.
 - h. Offer pregnancy tests to victims of sexually abusive vaginal penetration.
 - i. If pregnancy results, offer the victim appropriate and comprehensive information about the timely access to all lawful pregnancy-related medical services.

5. **Behavioral Health Staff Responsibilities**
 - a. Meet with the youth as soon as possible to provide assessment and crisis intervention on the day of notification of the alleged abuse or harassment.
 - b. Refer the youth to community-based organizations, institutions and/or support groups equipped to evaluate and treat sexual abuse/assault victims. **(See Appendix 5 for the Rape Crisis/Sexual Assault Resource Directory.)**
 - c. Conduct a mental health evaluation to assess the need for counseling and long term follow-up.

6. **Facility Administrator Responsibilities**
 - a. Review to ensure staff completed all steps to protect the youth, provide immediate medical and mental health services to the youth, report the incident for investigation, and provide follow-up services to the youth.
 - b. Notify the youth's attorney of the allegation as soon as possible and no later than 14 calendar days after the allegation.

7. **Facility Upgrades and Technologies**
 - a. The Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect youth from sexual abuse.
 - b. The Department shall consider how video monitoring, electronic surveillance, or other monitoring technological systems may enhance the Department's ability to protect youth from sexual abuse.

D. INVESTIGATION

1. Staff shall refer all alleged incidents of sexual abuse, harassment or misconduct to CPS for investigation and determination of child abuse, and to MSP for the determination of criminal charges. The Facility Administrators shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.
2. Staff shall refer all allegations of sexual abuse and harassment to the DJS OIG for completion of an administrative investigation. The investigation shall include:
 - a. efforts to determine whether staff actions or failures to act contributed to the abuse;
 - b. a description of the physical and testimonial evidence;
 - c. the reasoning behind credibility assessments; and
 - d. investigative facts and findings.
3. All administrative investigations shall be documented in a written report.
4. The departure of the alleged abuser or victim from the employment or control of the facility or Department shall not be the basis for terminating an investigation.

5. The DJS OIG will assign an investigator who has received specialized training in investigating sexual abuse or harassment to coordinate cooperation with CPS and MSP.
6. The DJS OIG will notify the Facility Administrator if the CPS and MSP investigation will exceed 60 calendar days so that the victim may be notified of the extended investigation.
7. The Department shall retain all written reports, administrative and criminal investigations provided by MSP, for as long the alleged abuser is incarcerated or employed by the Department, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention.

E. YOUTH NOTIFICATIONS

1. Following an investigation into a youth's allegations of sexual abuse suffered in a facility, the OIG and Facility Administrator shall request the relevant information from CPS and inform the youth whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Facility Administrator or designee shall advise the youth in writing using the **Youth Notice of Investigative Outcome Form (Appendix 6.)**
2. Following a youth's allegation that a staff member has committed sexual abuse or harassment against the youth, the Facility Administrator/designee will subsequently inform the youth (unless the allegation is unfounded or the youth is no longer in DJS custody) whenever:
 - a. The staff member is no longer posted within the youth's unit;
 - b. The staff member is no longer employed at the facility;
 - c. The Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - d. The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
3. Following a youth's allegation that he or she has been sexual abused by another youth, unless the allegation is unfounded or the youth who was abused is no longer in DJS custody, the Facility Administrator or designee will subsequently inform the youth in writing whenever:
 - a. The alleged abuser has been indicted on a charge related to sexual abuse within the facility; and
 - b. The alleged abuser has been convicted on a charge related to sexual abuse within the facility.
4. The facility's obligation to report as described in this section, Youth Notifications, shall terminate when the youth is released from Department's custody.

F. POST-ALLEGATION PROTECTIVE CUSTODY

1. In accordance with Section C. Interventions, of this procedure, staff shall take immediate steps to separate the alleged victim and perpetrator.
2. If two youth are involved, the Facility Administrator, in consultation with

the assigned Executive Director, shall determine appropriate housing to provide for the safety of the youth. These options may include use of seclusion/isolation, housing re-assignment, separation from the general population by placement in a self-contained intensive services unit, or a facility transfer.

3. Youth may be secluded or isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe and then only until an alternative means of keeping all youth safe can be arranged. During any period of seclusion/isolation, youth shall not be denied daily large-muscle exercise, and any legally required educational programming or special education services. Youth shall be seen daily by medical and mental health staff. Youth shall also have access to other programs and work opportunities to the extent possible. If a youth is secluded or isolated, the administrator or designee must document in the youth's file the basis for the concern for the youth's safety, and the reason why no alternative means of separation can be arranged. Isolation of youth for 8 hours or greater must be approved by the Executive Director.
4. The Facility Administrator, in consultation with the Treatment Team, must complete a review of each youth who has been separated from the general population every 30 calendar days to determine whether there is a continuing need for the separation.

G. ONGOING MEDICAL AND MENTAL HEALTH SERVICES

1. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse.
2. If the screening at admission indicates that the youth has experienced prior sexual abuse or harassment, whether it occurred in an institutional setting or in the community, the youth shall be offered a follow-up meeting with a medical and mental health practitioner within 14 calendar days of admissions screening.
3. If the screening at admission indicates that the youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the youth shall be offered a follow-up meeting with a mental health practitioner within 14 calendar days of admissions screening.
4. The facility shall ensure that a mental health evaluation of all known youth-on-youth abusers is completed within 60 calendar days of learning such abuse history and offer treatment when deemed appropriate.
5. The evaluation and treatment of victims shall include, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in other facilities or their release into the community.
6. The facility shall provide victims with medical and mental health services consistent with continued care services in the community.
7. Emergency and ongoing medical and 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.

8. All information related to sexual abuse or harassment that occurred in a facility shall be strictly limited to medical and mental health staff and, as necessary, other DJS staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

H. DISCIPLINARY SANCTIONS FOR STAFF

1. Staff shall be subject to disciplinary sanctions up to and including termination for violating departmental sexual abuse and harassment policies and procedures. All disciplinary actions shall be in keeping with Maryland State personnel policy and procedures.
2. Termination shall be the presumptive disciplinary sanction for a staff who has engaged in sexual abuse.
3. Disciplinary sanctions for violations of departmental policies and procedures relating to sexual abuse and harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
4. All terminations for violations of departmental sexual abuse and harassment policies and procedures, or resignations by staff that have been terminated if not for their resignation, shall be reported to MSP, unless the activity was clearly not criminal.
5. In accordance with applicable statutory and regulatory mandates, incidents involving staff may be referred to MSP for the determination of criminally charges.

I. CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies.
2. The Facility Administrator shall take remedial measures, and shall consider whether to prohibit further contact with youth, in the case of any other violation of departmental sexual abuse and harassment policy and procedure by a contractor or volunteer.

J. INTERVENTIONS AND DISCIPLINARY SANCTIONS FOR YOUTH

1. Youth may be subject to sanctions pursuant to the behavioral management program following an administrative finding that the youth engaged in youth-on-youth sexual abuse or following a criminal finding of guilt for youth-on-youth sexual abuse.
2. The disciplinary process shall consider whether a youth's mental

- disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
3. Facility staff shall determine the appropriate intervention, therapy and/or counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Mental health staff shall consider whether to offer such interventions to the aggressor. The facility may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access general programming or education.
 4. The facility may discipline a youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
 5. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
 6. All sexual activity between youth is prohibited, to include consensual acts, and youth shall receive appropriate discipline. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.
 7. Incidents of alleged abuse and harassment may be referred to MSP for determination of criminal charges.

K. RETALIATION

1. The Department protects all youth and staff who report sexual abuse or harassment from retaliation by other youth or staff. Retaliation is prohibited against anyone who reports alleged sexual abuse or harassment. Youth may be disciplined through the behavior management system and counseled. Staff may be subject to disciplinary action up to and including termination for any acts of retaliation.
2. For at least 90 calendar days following a report of sexual abuse, the OIG will monitor the conduct or treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation by youth or staff exist and will act promptly to remedy any such retaliation by reporting findings to the Facility Administrator and the assigned Executive Director and Deputy Secretary of Operations. Monitoring will include but is not limited to the following items:
 - a. any youth disciplinary reports;
 - b. housing or program changes; or
 - c. negative performance reviews or reassignments of staff.
3. Monitoring will continue beyond 90 calendar days if the initial monitoring indicates a continued need.

L. DATA COLLECTION AND REVIEW

1. Facility Review of Sexual Abuse Incidents

- a. The facility shall conduct a review at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review shall occur within 30 calendar days of the conclusion of the investigation.
- b. Each facility shall establish a review team. The Facility Administrator shall assign an Assistant Superintendent and other upper level management staff to include line supervisors, investigators, medical and mental health staff to the review team.

2. Review Team Responsibilities

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity, or lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility.
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- d. Assess the adequacy of staffing levels in that area during different shifts.
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- f. Prepare a report of the findings and any recommendations for improvement and submit the report to the Facility Administrator and PREA Compliance Manager.
- g. Ensure the facility implements recommendations for improvement or document the reasons for not implementing the recommendations.
- h. Document the review using the **Sexual Abuse Incident Team Review Form (Appendix 7.)**

3. Data Collection

- a. The Facility Administrators/designee shall ensure that Incident Reports documenting all allegations of sexual abuse and harassment are entered into the Department's incident database in accordance with the *Incident Reporting Policy and Procedures* and the *Reporting and Investigating of Child Abuse Policy and Procedures*.
- b. The Department's research unit shall aggregate the incident-based sexual abuse data at least annually.
- c. The Department shall maintain, review and collect data as needed

- from all available incident-based documents, including reports, investigative files, and the sexual abuse incident reviews.
- d. The Department shall also obtain incident-based and aggregated data from every private facility with which it contracts with for the confinement of youth.
 - e. Upon request, the Department shall provide all such data from the previous calendar year to the U.S. Department of Justice.
4. **Data Review for Corrective Action**
- a. The PREA Coordinator shall review data collected and aggregated pursuant to Section III.K.3, Data Collection, to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, procedures, practices and training, including:
 - 1) Identifying problem areas;
 - 2) Taking corrective action on an ongoing basis; and
 - 3) Preparing an annual report of findings and corrective actions for each facility, as well as the Department as a whole.
 - b. The annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual abuse.
 - c. The Department's report shall be approved by the Secretary and made readily available to the public through the DJS website.
 - d. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility but the report must indicate the nature of the material redacted.
5. **Data Storage, Publication and Destruction**
- a. The Department shall ensure that data collected is securely retained.
 - b. The Department shall make all sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website.
 - c. Before making sexual abuse data publicly available, the Department shall remove all personal identifiers.
 - d. The Department shall maintain collected sexual abuse data for at least 10 years after the date of its initial collection unless federal, state, or local law requires otherwise.

IV. **RESPONSIBILITY**

The Facility Administrator is responsible for implementation and compliance with this procedure. The PREA Coordinator must provide oversight for compliance with PREA Residential Facility Standards.

IV. INTERPRETATION

The Deputy Secretary for Operations is responsible for granting any exceptions to these procedures.

V. LOCAL OPERATING PROCEDURES REQUIRED

Yes

VI. DIRECTIVES/POLICIES REFERENCED

1. Criminal Background Investigations Policy
2. Reporting and Investigating Child Abuse and Neglect Policy
3. Random or Reasonable Suspicion Checks of Child Abuse or Neglect
4. Admissions and Orientation of Youth in DJS Facilities Policy
5. Direct Care Staffing Policy
6. Supervision and Movement of Youth Policy
7. Searches of Youth, Employees, and Volunteers Policy
8. Incident Reporting Policy - DJS

VIII. APPENDICIES

1. [PREA Mandated Disclosure Form](#)
2. [PREA Mandated Training list](#)
3. [State of Maryland-Child Protective Services-Suspected Child Abuse/ Neglect Report](#)
4. [SAFE Programs in MD - List of hospitals with qualified forensic medical examiners](#)
5. MCASA Rape Crisis/Recovery Centers resource directory (See <http://www.mcasa.org/for-survivors/maryland-rape-crisis-and-recovery-centers-5/>)
6. [Youth Notice of Investigation Outcome](#)
7. Sexual Abuse Incident Team Review Form



DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review And Understanding

POLICY: Elimination and Reporting of Sexual Abuse and Harassment -
PREA Juvenile Facility Standards Compliance

NUMBER: RF-701-15

APPLICABLE TO: All DJS Employees, Volunteers, Contracted Program
Providers and Residential Child Care Programs Licensed by
DJS

I have received and reviewed a copy (electronic or paper) of the above titled policy and procedures. I understand the contents of the policy and procedures.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINTED NAME

DATE

SEND THE ORIGINAL, SIGNED COPY TO VERNELL JAMES IN THE DJS OFFICE OF HUMAN RESOURCES FOR PLACEMENT IN YOUR PERSONNEL FILE.

PREA-MANDATED DISCLOSURE FORM

In accordance with national standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA), Juvenile Facility Standard 115.317 requires that the Department ask all applicants, employees, and contractors who may have contact with youth directly about previous misconduct as described in the following questions. These questions must be completed for hiring, promotions, and performance evaluation reviews. In furtherance of this goal, the Department requires that all employees complete the PREA-Mandated Disclosures form regardless of their position.

1. Have you ever engaged in sexual abuse¹ in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?²

Yes No

¹ *Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident* includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) contact between the mouth and the penis, vulva, or anus;
- (3) penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- (4) any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- (1) contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) contact between the mouth and the penis, vulva, or anus;
- (3) contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (5) any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- (7) any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and (8) Voyeurism by a staff member, contractor, or volunteer.

(28 C.F.R. § 115.6.)

² “Institution” means any facility or institution (A) which is owned, operated, or managed by, or provides services on behalf of any State or political subdivision of a State; and (B) which is:

- (i) for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped;
- (ii) a jail, prison, or other correctional facility;
- (iii) a pretrial detention facility;
- (iv) for juveniles:
 - (I) held awaiting trial;
 - (II) residing in such facility or institution for purposes of receiving care or treatment; or
 - (III) residing for any State purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is not an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in State custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or
- (v) providing skilled nursing, intermediate or long-term care, or custodial or residential care.

(42 U.S.C. § 1997(1).)

DJS EMPLOYEE PREA-MANDATED DISCLOSURES

Page 2

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community that was (1) facilitated by force, overt or implied threats of force, or coercion, or (2) under circumstance where the victim did not consent or was unable to consent or refuse?

Yes No

3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in paragraph 2 above?

Yes No

Employee's name (printed) _____

Employee's signature _____ Date _____

PREA MANDATED TRAINING

	Title	DJS Eliminating/ Reporting Policy/Proc.	PREA Response Kit	NIC ¹ Specialized: Medical Care Sexual Assault Victims in Confinement Settings	NIC ¹ Specialized: Behavioral Health Care Sexual Assault Victims in Confinement Settings	(8 Hr.) Your Role: DJS PREA Training	Youth Development Orientation	NIC ¹ Specialized: Investigating Sexual Abuse in Confinement Settings
CONTRACT PROVIDERS	Youth Dev. Programming Staff (ex. Class Acts, Girls Circle, Boys Club)	X					X	
	MSDE Teachers	X				X		
	RICA Food Services	X						
	Physician, Nurse Practitioner, Mid Wife	X	X	X				
	Psychiatrist	X			X			
	Dentist, Dental Asst., Optometrist	X						
	Nurse Full/Part Time	X	X	X		X		
	Psychologist	X	X		X	X		
	Social Worker, Sub. Abuse Counselor, Prof. Counselors	X	X		X	X		
DJS EMPLOYEES	Physicians	X	X	X		X		
	Social Worker, Sub. Abuse Counselor, Prof. Counselors	X	X		X	X		
	Nurses	X	X	X		X		
	Dentists	X				X		
	Direct Care Staff (RA-GLM) Sup., Asst. Sup., CMS, CMSS	X	X			X		
	Facility Transportation, Dietary	X				X		
	OIG Investigators	X	X			X		X
	Child Advocate	X	X			X		
	Volunteers	X					X	

¹ National Institute of Corrections

	Youth Centers Maintenance	X				X		
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Elimination and Reporting of Sexual Abuse and Harassment – Appendix #2
2/12/15

State of Maryland-Child Protective Services
REPORT OF SUSPECTED CHILD ABUSE/NEGLECT
(see instructions on reverse side)

1. NAME OF LOCAL DEPARTMENT BEING NOTIFIED		ADDRESS		ZIP
2. PERSON MAKING REPORT <i>(Name)</i>			3. POSITION/TITLE	
4. NAME OF DEPARTMENT/ORGANIZATION		ADDRESS	ZIP	5. TELEPHONE
6. TYPE OF REFERRAL <input type="checkbox"/> PHYSICAL ABUSE <input type="checkbox"/> SEXUAL ABUSE <input type="checkbox"/> NEGLECT <input type="checkbox"/> MENTAL INJURY-ABUSE <input type="checkbox"/> MENTAL INJURY-NEGLECT				
7. NAME OF CHILD		8. SEX	9. BIRTH DATE	10. RACE
11. ADDRESS <i>(Where Child Can Be Seen)</i>			CITY	STATE ZIP
12. GRADE		13. SCHOOL		
14. NAME OF PERSON RESPONSIBLE FOR CHILDS CARE		14A. AGE/D.O.B.	14B. ADDRESS	
14C. TELEPHONE				
PARENTS/GUARDIAN		AGE/D.O.B	ADDRESS	
TELEPHONE				
MOTHER:				
FATHER:				
GUARDIAN <i>(Specify Relation):</i>				
15. NAME OF SUSPECTED ABUSER/NEGLECTOR	16. RELATION	17. AGE/D.O.B.	18. ADDRESS	
19. TELEPHONE				
20. STATE NATURE EXTENT OF THE CURRENT ABUSE/NEGLECT TO THE CHILD IN QUESTION: EXPLAIN THE CIRCUMSTANCES LEADING TO THE SUSPICION THE CHILD IS AN ABUSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DESCRIBE HOW REPORTER KNOWS INFORMATION.				
21. LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLECT TO THE CHILDREN/OTHER CHILDREN IN THE FAMILY, INCLUDING PREVIOUS ACTION TAKEN. HOW DOES THE REPORTER KNOW THIS INFORMATION?				
22. DESCRIBE INFORMATION KNOWN ABOUT FAMILY FUNCTIONING, RELATIONSHIP BETWEEN PARENT, CARETAKER, OTHER ADULTS IN HOME AND CHILDREN AND LIKELY RESPONSE BY FAMILY TO DISCLOSURE. HOW DOES THE REPORTER KNOW THIS INFORMATION?				
23. STATE ANY OTHER AVAILABLE INFORMATION THAT WOULD AID IN ESTABLISHING THE CAUSE OF THE ALLEGED ABUSE/NEGLECT.				
24. ARE WEAPONS IN THE HOME OR KNOWN TO BE CARRIED BY THE FAMILY OR ACCUSED ABUSER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		25. IS THERE A HISTORY OF VIOLENCE, DRUGS, MENTAL ILLNESS OR RETALIATION IN THE FAMILY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		26. IF YES TO EITHER, DESCRIBE IN DETAIL ON SEPARATE SHEET OF PAPER
27. SIGNATURE OF PERSON REPORTING		DATE	28. DATE / HOUR ORAL CONTACT IN LDSS	
29. REPORT TAKEN <input type="checkbox"/> Yes <input type="checkbox"/> No	30. NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE			

DHR/SSA 180 (5/98) Previous editions are obsolete

DJS VIDEO RECORDING AVAILABLE: YES NO

INSTRUCTIONS

REQUIRED REPORTERS:

Every health practitioner, educator, social worker, or law-enforcement officer, who contacts, examines, attends or treats a child and who believes or has reason to believe that the child has been abused/neglected is required to make an oral and written report to either Social Services or the Police.

TIMELINES:

An oral report of suspected child abuse and neglect must be made immediately. A written report must also be submitted by mandated reporters within 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been subjected to abuse or neglect. It is not necessary to observe outward signs of injury to the child. Neither is it necessary for the reporter to establish proof that abuse/neglect occurred. Protection of the child is paramount. If abuse/neglect is suspected, a report must be submitted.

DEFINITIONS OF CHILD ABUSE AND CHILD NEGLECT:

"Child abuse" means: (COMAR 07.02.07.02)

Physical injury, not necessarily visible, or mental injury of a child by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household or family member under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of being harmed;

Any sexual abuse, meaning an act or acts involving sexual molestation or exploitation, whether physical injuries are sustained or not by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household or family member; or

Mental injury, meaning the observable, identifiable and substantial impairment of a child's mental or psychological ability to function, that is caused by the act of a parent or other individual who has permanent or temporary care, or custody or responsibility for supervision of the child, or by a household or family member.

"Child Neglect" means: (COMAR 07.02.07.02)

"Child Neglect" means the failure to give proper care and attention to a child, including the leaving of a child unattended by the child's parent, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child, under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; or

Mental injury to a child, meaning the observable, identifiable and substantial impairment of a child's mental or psychological ability to function, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child by the child's parents, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child.

COMPLETING THE FORM 180:

Respond to each item even if reply is "unknown" or "none". Use additional paper if necessary to complete any given section.

1. **Name of Local Department Being Notified:** For suspected child abuse/neglect an oral report must be made to the Local Child Protective Services unit in the jurisdiction where the incident allegedly took place. This written report must be filed within 48 hours after making an oral report.
2. **Person Making Report (Name):** This should always be the person who witnessed or has first hand knowledge of the incident. Any person including a health practitioner educator, social worker, or law-enforcement officer, participating in the making of a good faith report, or participating in an investigation or in a judicial proceeding resulting therefore shall in so doing be immune from any civil liability or criminal penalty that might otherwise be incurred or imposed as a result.
6. **Type of Referral:** Please check only one box per report being submitted.
7. **Name of Child:** Identify only one child per report.
11. **Address where child can be seen should include both daytime and after normal working hours.**
29. **Report Taken:** There are some types of referrals that are inappropriate for child abuse/neglect investigation. The Local Department is available for consultation when there is uncertainty regarding a situation. If your concerns do not meet the criteria for investigation, you will be referred to alternate resources, when possible. When contacting the local department record the name of the person you spoke with and the outcome of the conversation in your records. If the oral report of abuse/neglect is not taken by the local department still send in the written report and keep a copy for your records.

**Local Departments of Social Services Child Protective Services for the State of Maryland
(Office Hours 8:30 A.M. - 5:00 P.M.)**

Allegany County

(301) 784-7122
(After hours 301-759-8079)
FAX (301) 784-7244
P.O. Box 1420
1 Frederick Street
Cumberland, Maryland 21501-1420

Anne Arundel County

(410) 421-8400
FAX (410) 974-8566
80 West Street
Annapolis, Maryland 21401-1787

Baltimore City

(410) 361-2235 (24 hours)
FAX (410) 361-3150
1900 N. Howard Street
Baltimore, Maryland 21218

Baltimore County

(410) 853-3000 (24 hours)
FAX (410) 853-3955
Drumcastle Government Center
6401 York Road
Baltimore, Maryland 21212

Calvert County

(410) 286-2108
(After hours (410) 535-7041)
FAX (410) 286-7429
1-800-787-9428
200 Duke Street
Prince Frederick, Maryland 20678

Caroline County

(410) 479-5900
(After hours 479-2515)
FAX (410) 479-5910
207 South Third Street
Denton, Maryland 21629

Carroll County

(410-386-3300)
(After hours (410) 386-3434)
(Baltimore Area: 410-876-2190)
FAX (410) 386-3429
10 Distillery Drive
Westminster, Maryland 21157

Cecil County

(410) 996-0100
(After hours (410) 398-3815)
FAX (410) 996-0228
170 East Main Street
Elkton, Maryland 21922-1160

Charles County

(301) 392-6724
(After hours (301) 934-2222)
FAX (301) 870-3958
P.O. Box 1010
200 Kent Avenue
LaPlata, Maryland 20646

Dorchester County

(410) 901-4100
(After hours (410) 221-3246)
FAX (410) 901-1060
P.O. Box 217
627 Race Street
Cambridge, Maryland 21613

Frederick County

(301) 694-2464
(After hours (301) 694-2100)
FAX (301) 631-2639
100 East All Saints Street
Frederick, Maryland 21701

Garrett County

(301) 533-3005
(After hours (301) 334-1911)
FAX (301) 334-5413
12578 Garrett Highway
Oakland, Maryland 21550

Harford County

(410) 836-4713
(After hours (410) 838-6600)
FAX (410) 836-4945
2 South Bond Street
Bel Air, Maryland 21014

Howard County

(410) 872-4203
(After hours (410) 313-2929)
FAX (410) 872-4231
7121 Columbia Gateway Drive
Columbia, Maryland 21046

Kent County

(410) 810-7600
(After hours (410) 758-1101)
FAX (410) 778-1497
8 Kent Street
Chestertown, Maryland 21620

Montgomery County

(240) 777-4417 (24 hours)
FAX (240) 777-4161
The Dept. of Health & Human Services
1301 Piccard Drive
Rockville, Maryland 20850

Prince George's County

(301) 909-2450
(After hours (301) 699-8605)
FAX (301) 952-2646
805 Brightseat Road
Landover, Maryland 20785

Queen Anne's County

(410) 758-5100 (all hours)
or 410-758-0770(P.M. hours)
FAX (410) 758-5155
120 Broadway
Centreville, Maryland 21617

St. Mary's County

(240) 895-7170
(After hours (301) 475-8016)

FAX (301) 475-4799
23110 Leonard Hall Drive
Leonardtown, Maryland 20650

Somerset County

(410) 677-4200
(After hours (410) 651-0630)
FAX (410) 677-4300
30397 Mt. Vernon Road
Princess Anne, Maryland 21853

Talbot County

(410) 770-4848
(After hours (410) 822-3101)
FAX (410) 820-7067
301 Bay Street, Unit 5
Easton, Maryland 21601

Washington County

(240) 420-2222 (24 hours)
FAX (240) 420-2111
122 North Potomac Street
Hagerstown, Maryland 21741-1419

Wicomico County

(410) 543-6900
(After hours (410) 543-7894)
FAX (410) 543-6682
201 Baptist Street
Salisbury, Maryland 21802-2298

Worcester County

(410) 677-6800
(After hours: 410-632-1313)
FAX (410) 677-6810
299 Commerce Street
Snow Hill, Maryland 21863

**Department of Human
Resources**

1-800-332-6347

Social Services Administration

(410) 767-7112

**Maryland Coalition Against Sexual Assault (MCASA)
Sexual Assault Forensic Examiners/Forensic Nurse Examiners (SAFE/FNE)**

SAFE PROGRAMS IN MARYLAND

<p>Allegany County Western Maryland Regional Center 12500 Willow Brook Rd. Cumberland, MD 21502 www.wmhs.com SAFE Coordinator: Debi Wolford: 240-964-1333, ext. 41333 ER# 240-964-1200</p>	<p>Anne Arundel County Anne Arundel Medical Center 2001 Medical Parkway Annapolis, MD 21401-3280 www.askaamc.org/services/whenisemergency.php SAFE Coordinator: Call and have paged. Jennifer Pullins/Margaret Wyatt(shared position) Domestic Violence 443-481-1000</p>
<p>North Anne Arundel County Baltimore Washington Medical Center 301 Hospital Drive Glen Burnie, MD 21061-5803 www.bwmc.umms.org/emergency/index.html SAFE Coordinator: Jody Meyer; ER will page her ER# 410-787-4565</p>	<p>Baltimore City Mercy Medical Center 301 St. Paul Place Baltimore, MD 21202-2102 www.mdmercy.com/safe/index.html SAFE Coordinator: Debbie Holbrook; 410-332-9494 ER# 410-332-9477</p>
<p>Baltimore County Greater Baltimore Medical Center (GBMC) 6701 N. Charles Street Baltimore, MD 21204-6808 www.gbmc.org SAFE Coordinator: 443-849-3323 ER# 443-849-2226</p>	<p>Baltimore County Franklin Square Hospital Center <i>(Program sees only children 12 and younger)</i> 9000 Franklin Square Drive Baltimore, MD 21237-3901 www.franklinsquare.org SAFE Coordinator: Regina Howard; 443-777-7127 ER# 443-777-7012</p>
<p>Calvert County Calvert Memorial Hospital 100 Hospital Road Prince Fredrick, MD 20678 www.calverthospital.org SAFE Coordinator: On-call SAFE Nurse, call ER at the number below. ER# 410-535-8344</p>	<p>Caroline County Memorial Hospital of Easton 219 S. Washington Street Easton, MD 21601-2913 www.shorehealth.org SAFE Coordinator: Karen Jackson; ER# 410-822-1000 ext: 7976</p>

**Maryland Coalition Against Sexual Assault (MCASA)
Sexual Assault Forensic Examiners/Forensic Nurse Examiners (SAFE/FNE)**

SAFE PROGRAMS IN MARYLAND (continued)

<p>Carroll County Carroll Hospital Center 200 Memorial Avenue Westminster, MD 21157-5726 www.ccgh.com SAFE Coordinator: On Call Safe Nurse; 410-871-6655 ER# 410-871-6700</p>	<p>Cecil County Union Hospital 106 Bow Street Elkton, MD 21921-5544 www.uhcc.com SAFE Coordinator: Jenny Bannon ER# 443-406-1370</p>
<p>Charles County Civista Medical Center 5 Garrett Avenue LaPlata, MD 20646 www.civista.org SAFE Coordinator: Debbie Shuck-Reynolds; 301-609-4144 ER# 301-609-4160</p>	<p>Dorchester County Dorchester General Hospital 300 Bryn Street Cambridge, MD 21613 www.shorehealth.org SAFE Coordinator: Karen Jackson 410-310-4769 ER# 410-228-5511 ext: 8361</p>
<p>Frederick County Frederick Memorial Hospital 400 W. 7th Street Frederick, MD 21701-4506 www.fmh.org SAFE Coordinator: Kathy LeComte; 240-566-3109 ER# 240-566-3500</p>	<p>Garrett County Garrett County Memorial Hospital 251 N. 4th Street Oakland, MD 21550-1375 www.gcmh.com SAFE Coordinator: 2 Nurses on-call, main number will page Main # 301-533-4000</p>
<p>Harford County Harford Memorial Hospital 501 South Union Avenue Havre de Grace, MD 21078-3409 www.uchs.org No one under 13 years old SAFE Coordinator: pager: 410-585-0148 Barbara Baughman; 443-843-5544 ER# 443-843-5500 Main: 443-843-5000</p>	<p>Howard County Howard County General Hospital 5755 Cedar Lane Columbia, MD 21044-2912 www.hcgh.org SAFE Coordinator: Joey Middleton ER# 410-740-7777</p>

**Maryland Coalition Against Sexual Assault (MCASA)
Sexual Assault Forensic Examiners/Forensic Nurse Examiners (SAFE/FNE)**

SAFE PROGRAMS IN MARYLAND (continued)

Kent County	
Chester River Health System 100 Brown Street Chestertown, MD 21620 www.chesterriverhealth.org SAFE Coordinator: (410)778-3300 (13 and Older Only) Under 12 Call Easton Hosp.	
Montgomery County	Prince George's County
Shady Grove Adventist Hospital 9901 Medical Center Drive Rockville, MD 20850-3357 www.adventisthealthcare.com/SGAH SAFE Coordinator: On-Call Nurse 240-826-6225 ER# 240-826-6053	Prince George's Hospital Center 3001 Hospital Drive Cheverly, MD 20785-1189 www.dimensionshealth.org/website/c/pghc/ SAFE Coordinator: Deanna Harville; 301-618-6629 1st ER# 301-618-3752 2nd
Queen Anne County	St. Mary's County
Memorial Hospital of Easton 219 S. Washington Street Easton, MD 21601-2913 www.shorehealth.org SAFE Coordinator: Karen Jackson ER# 410-822-1000 ext: 7976	St. Mary County Hospital 25500 Point Lookout Road P. O. Box 527 Leonardtown, MD 20650 www.smhwecare.com SAFE Coordinator: Yvonne Dawkins; 240-434-749 Call the ER at the number below. ER# 301-475-6110
Talbot County	Washington County
Memorial Hospital of Easton 219 S. Washington Street Easton, MD 21601-2913 www.shorehealth.org SAFE Coordinator: Karen Jackson ER# 410-822-1000 ext: 7976	Meritus Medical Center 11116 Medical Campus Road Hagerstown, MD 21742 www.meritushealth.com SAFE Coordinator: Pamela Holtzinger; 301-790-8352(Non-emergency) ER# 301-790-8000/8300
Wicomico County	Worcester/Somerset County
Peninsula Regional Medical Center 100 E. Carroll Street Salisbury, MD 21801-5422 www.peninsula.org SAFE Coordinator: Eunice Esposito; 410-912-6382 ER# 410-543-7100	Atlantic General Hospital 9733 Healthway Drive Berlin, MD 21811-1155 www.atlanticgeneral.org SAFE Coordinator: Althea Forman ER# 410-641-9630

MCASA RAPE CRISIS/RECOVERY CENTERS RESOURCE DIRECTORY

To access MCASA Rape Crisis/Recovery Centers resource directory, go to

<http://www.mcasa.org/for-survivors/maryland-rape-crisis-and-recovery-centers-5/>

Boyd K. Rutherford
Lt. Governor

Lawrence J. Hogan, Jr.
Governor

Sam Abed
Secretary

YOUTH NOTICE OF INVESTIGATION OUTCOME

DATE: _____

FACILITY: _____

NAME OF YOUTH: _____

ASSIST #: _____

This is to inform you of the outcome of the investigation involving the allegation of **(Insert Allegation)** you reported on **(Insert Date)**.

It has been determined that your allegation is:

- Substantiated (Indicated) – the event was investigated and determined to have occurred, based on a preponderance of the evidence.
- Unsubstantiated – the investigation concluded that evidence was insufficient to determine whether or not the event occurred.
- Unfounded (Ruled Out) – the investigation determined that the event did NOT occur.

If it has been determined that your allegation is substantiated, the following action has been taken:

- The staff member is no longer assigned to your living unit.
- The staff member is no longer employed at the facility.
- DJS has learned that the staff member has been indicted on a charge related to sexual abuse within the facility.
- DJS has learned that the staff member has been convicted on a charge related to sexual abuse within the facility.

-
- DJS has learned that the youth (alleged aggressor) has been charged related to sexual abuse within the facility.
 - DJS has learned that the youth (alleged aggressor) has been convicted related to sexual abuse within the facility.

(Name of Facility Administrator)

Date

cc: Parent
File



Sexual Abuse Incident Team Review

Facility Name:		Date of Incident:	Time of Incident:	<input type="checkbox"/> AM <input type="checkbox"/> PM
OIG Incident #:	Location or Unit:	Type of Incident:		
Youth Involved:				
Staff Involved:				
Summary of Incident Reviewed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	OIG Investigation Reviewed?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Investigation Results:		Youth Notified of Investigation Results		<input type="checkbox"/> Yes <input type="checkbox"/> No
Substantiated <input type="checkbox"/>		Unsubstantiated <input type="checkbox"/>		
Review Team Considerations				
Is there a need to change policy or practice to better prevent, detect or respond to sexual abuse?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this incident or allegation motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, intersex identification, status, perceived status or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there physical barriers in the area where the incident allegedly occurred that enable abuse?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were staffing levels adequate in the area where the incident allegedly occurred during all shifts?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Should monitoring technology be deployed or augmented to supplement supervision by staff in the area where the incident allegedly occurred?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommendations for Improvements				
(Attach additional recommendations if more space is needed)				

