

# POLICY

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

**NUMBER:** RF-701-18

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

**APPROVED:** \_\_\_\_\_ /s/ signature on original

**Sam Abed, Secretary**

**DATE:** \_\_\_\_\_ 4/27/18

## **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, DJS Office Inspector General (OIG) 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 and shall designate PREA compliance managers to coordinate efforts to comply with PREA in all of its facilities.

## **II. AUTHORITY**

- A. P.L. 108-79, 108th Congress, Prison Rape Elimination Act (PREA) of 2003,
- B. Md. Code Ann., Human Services, §9-203 and §9-204.
- C. Md. Code Ann., Criminal Law Article, § 3-303 to §3-314 and §9-501 to §9-503
- D. Md. Code Ann., Family Law Article, §5-701 to §5-715
- E. Md. Code Ann., 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
- H. National Prison Rape Elimination Commission, Standards for Juvenile Facilities (see at [http://nprec.us/publication/standards/juvenile\\_facilities/](http://nprec.us/publication/standards/juvenile_facilities/))
- I. American Correctional Association (ACA) Standards, 4-JCF-3A-02, 4-JCF-3D-02, 4-JCF-3D-04, 4-JCF-3D-07, 4-JCF-3D-08, 4-JCF-3D-09, and 4-JCF-4C-50.

**III. DIRECTIVES/POLICIES RESCINDED**

None

**IV. FAILURE TO COMPLY**

Failure to comply with the Department's Policy and Procedures 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): <ol style="list-style-type: none"><li>1. Added requirement that LGBTQ youth shall be housed in the least restrictive setting.</li><li>2. Additional supervision and monitoring procedures.</li><li>3. Added procedures for the notification of the results of the investigation, administrative actions/discipline, and criminal charges.</li><li>4. Added list of hospitals with qualified forensic medical examiners.</li><li>5. Additional procedures for the DJS OIG to monitor for retaliation.</li><li>6. Added sections for:<ol style="list-style-type: none"><li>a. PREA Mandated Disclosure Form</li><li>b. Youth Education</li><li>c. Facility Upgrades and Technologies</li><li>d. Interventions</li><li>e. Youth Notifications</li><li>f. Disciplinary Sanctions for Staff and Youth</li><li>g. Ongoing Medical and Mental Health Services</li><li>h. Corrective Actions for Contractors and Volunteers</li><li>i. Data Collection, Review, and Publication</li></ol></li></ol>	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

<p>Procedures Revisions:</p> <ul style="list-style-type: none"> <li>• Updated definitions.</li> <li>• Prevention section - any new contract or contract renewals for confinement of youth require the contractor to comply with PREA standards and permit monitoring for compliance.</li> <li>• New section - Specialized Training for Investigators and Medical and Mental Health Staff.</li> <li>• Youth Education section: <ul style="list-style-type: none"> <li>○ Trusted adults changed to all staff.</li> <li>○ Key information about PREA is continuously and readily available or visible to youth via posters, handbooks and other written materials.</li> <li>○ Facility CMS and QBHP shall assist youth as appropriate in making contact with community advocates for counseling. DJS shall enter into a memorandum of understanding with community advocate organizations.</li> </ul> </li> <li>• Reporting section: <ul style="list-style-type: none"> <li>○ Staff may privately report sexual abuse or harassment of youth by contacting Child Protective Services (CPS) and completing an incident report.</li> <li>○ Youth who require appropriate auxiliary aids or services which are necessary to ensure effective communication shall be provided those aids or services in accordance with the Accessibility for Youth with Hearing Impairments and Communication with Limited English Proficient Persons policy and procedures.</li> </ul> </li> <li>• Interventions section- added that administrative action must be completed if the alleged perpetrator is a staff.</li> <li>• First responder section: <ul style="list-style-type: none"> <li>○ Separate the youth and the alleged perpetrator to prevent any continued communication.</li> <li>○ Request versus <b>ensure</b> that the alleged victim does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Staff shall communicate to youth the importance of preserving the evidence.</li> </ul> </li> <li>• Shift Commander section: <ul style="list-style-type: none"> <li>○ Initiate the Coordinated Response Plan.</li> </ul> </li> <li>• Behavioral Health Staff section -the QBHP provides 24/7 on call services.</li> </ul>	<p>4/27/18</p>
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<ul style="list-style-type: none"> <li>• Investigation section - MSP leads the criminal investigation and determines criminal charges.</li> <li>• Protective Custody section -youth in seclusion for four (4) hours or greater must be approved by the Executive Director, changed from 8 hours.</li> <li>• Ongoing Medical and Behavioral Health services: <ul style="list-style-type: none"> <li>○ Updated screening tool.</li> <li>○ Included services for perpetrator.</li> </ul> </li> <li>• Disciplinary Sanctions for Staff section -all terminations for violations of departmental sexual abuse and harassment policies and procedures, or resignations by staff that would have been a termination if not for their resignation, shall be reported to MSP and to any relevant licensing bodies unless the activity was clearly not criminal.</li> <li>• Retaliation section: <ul style="list-style-type: none"> <li>○ Youth may also be transferred to a different housing unit or facility. This information will be shared with the youth's parent or guardian and the Community CMS.</li> <li>○ For at least 90 calendar days following a report of sexual abuse, the Youth Advocate shall monitor youth and complete status checks.</li> <li>○ For at least 90 calendar days following a report of sexual abuse, the PREA Compliance Manager shall monitor the youth and staff and complete bi-weekly status checks.</li> <li>○ If there are any findings of retaliation against youth or staff, the Youth Advocate or PREA Compliance Manager will act promptly to remedy any such retaliation by reporting to the Superintendent and the Executive Director of Residential Services and Deputy Secretary of Operations.</li> </ul> </li> <li>• Facility Updates and technologies section – the Superintendent, in consultation with the PREA Coordinator, shall assess, determine and document facility vulnerability to protect youth from sexual abuse utilizing the Facility Vulnerability Assessment Tool annually.</li> <li>• Data Storage, Publication and Destruction of Records section- records shall be retained in accordance with the department's record retention schedule.</li> </ul>	<p>4/27/18</p>
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# PROCEDURES

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**NUMBER:** RF-701-18

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

**APPROVED:** \_\_\_\_\_ /s/ signature on original

**Linda McWilliams, Deputy Secretary**

**DATE:** \_\_\_\_\_ 4/26/18

## **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 sexual 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.

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

*Health Care Practitioner* means clinicians trained to diagnose and treat patients to include, physicians, dentists, psychologists, podiatrists, optometrists, nurse practitioners and physician assistants.

*Health Care Professional* means staff who perform clinical duties to include, health care practitioners, nurses, social workers, dietitians, emergency medical technicians in accordance with each health care professional's scope of training and applicable licensing, certification, and regulatory requirements.

*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.

*Qualified Behavioral Health Professional (QBHP)* means the individuals employed by or contracted with DJS who provide evaluation, treatment, care, or rehabilitation to DJS youth for mental health and substance abuse services which may include their families. These include all staff licensed, or a doctoral level psychologist under the supervision of a licensed psychologist; and alcohol and drug counselors that are licensed and certified to provide mental health and substance abuse treatment to the youth.

*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 susceptible 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, transgender, intersex, gender non-conforming, prior victim of sexual abuse, limited English proficient, small in stature, young, or who have cognitive, physical, developmental, 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 juvenile standards in all of its facilities.
2. Each Superintendent 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. Any new contract or contract renewal for the confinement of DJS youth with private providers or other entities, including other government agencies, shall include an obligation that the provider adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for DJS contract monitoring to ensure that the contractor is complying with the PREA standards.
4. **Hiring, Promotions and 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 *Background Investigations, Reporting and Investigating Child Abuse and Neglect Policies and Procedures*.
5. **PREA Mandated Disclosure Form**
  - a. All new applicants, as well as current 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.5(a) and 5(b) above. They also shall be required to complete the PREA Mandated Disclosure Form annually on July 1<sup>st</sup> and no later than July 10<sup>th</sup>. A copy of the completed forms shall be maintained by the designated departmental Director or Administrator.
6. **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.

7. **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. The level and type of training volunteers and contractors shall complete is based on the services they provide and the level of contact with youth as listed in the **PREA Mandated Training chart (Appendix 2)**.

8. **Specialized Training for Investigators and Medical and Mental Health Staff**

- a. In addition to all other departmental training, the Office of the Inspector General investigators (OIG), medical and behavioral health staff shall complete specialized training as listed in the **PREA Mandated Training chart (Appendix 2)**.
- b. The Supervisors are responsible is responsible for maintaining training records.

9. **Youth Education**

- a. All youth, upon admission, shall receive information explaining the Department's zero tolerance policy for all acts of sexual abuse and sexual 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 youth with vision or hearing loss, limited reading ability, limited ability to read or understand English, and youth with intellectual, cognitive, developmental, mental health, 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, and 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 DJS and MSDE staff member, to include, direct care staff, case managers, somatic or behavioral health staff, youth advocates, and parent/guardian 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 and 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. In addition to youth education, DJS shall ensure that key information about PREA is continuously and readily available or visible to youth via posters, handbooks and other written materials.
- h. Locked boxes shall be placed in areas throughout the facility that are accessible to youth for submitting confidential grievance reports of sexual abuse or sexual 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.
- i. 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.
- j. Each facility shall post toll-free numbers and addresses of victim advocates in outside community programs that can provide emotional support counseling related to sexual abuse (Appendix 4). The Facility Case Manager Specialist (CMS) or QBHP shall support youth contact with these entities by permitting youth to call from their office to offer a level of privacy. The youth will be informed of the extent to which their communication with these entities will be monitored by the Facility CMS or QBHP. The Department shall enter into a memorandum of understanding with community victim advocate programs that may provide services to youth.

10. **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 Visitors 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 must 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. Youth shall be provided access to writing tools to make a written report.
3. Staff may privately report sexual abuse or harassment of youth by contacting Child Protective Services (CPS) and completing an incident report.
4. Youth shall have at least two internal methods and at least one external method to safely and privately report sexual abuse and harassment as noted in Sections III A.9. d., e., h., i., and j of this procedure. Youth also shall be provided with reasonable and confidential access to their attorney or other legal representative and reasonable access to parents or guardians.
5. Youth who require appropriate auxiliary aids or services which are necessary to ensure effective communication shall be provided aids and services in accordance with the *Accessibility for Youth with Hearing Impairments and Communication with Limited English Proficient Persons Policy and Procedures*.
6. The Superintendent or designee must provide oversight to ensure that all allegations of sexual abuse and harassment are reported to CPS, Maryland State Police (MSP) and OIG for investigation in accordance with the *Incident Reporting Policy and Procedures* and the *Reporting and Investigating Child Abuse and Neglect Policy and Procedures*.

7. If the allegation is reported to health care professionals or qualified behavioral health professional (QBHP) they also shall report sexual abuse and sexual harassment via an incident report and 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 so youth are aware of their duty to report.
8. Health care professionals and QBHP 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.
9. Upon receiving an allegation that a youth was sexually abused while confined at another facility, within 72 hours the Superintendent that received the allegation shall notify the Superintendent where the alleged abuse occurred and immediately report the incident in accordance with the *Incident Reporting- Residential and Community Operations Policy and Procedures* and the *Reporting and Investigating Child Abuse and Neglect Policy and Procedures*.
10. **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 Visitors 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 sexual harassment and respond supportively and non-judgmentally.
  - b. Immediately inform the Shift Commander or designee.
  - c. Ensure that the alleged victim and alleged perpetrator are physically separated so that there is no possibility of contact and or communication.
  - d. If the alleged perpetrator 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 or administrative action is completed.

2. **The first staff responding to an incident of alleged sexual abuse shall:**
  - a. Ensure that the alleged victim and the alleged perpetrator are physically separated so that there is no possibility of contact and to prevent any continued communication.
  - 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. Request that the alleged victim does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Staff shall communicate to the alleged victim the importance of preserving evidence. If the alleged victim insists upon washing, the staff shall permit the victim to do so to avoid re-traumatizing.
  - d. Ensure that the alleged perpetrator does not shower, eat, drink, brush their teeth, urinate, defecate, smoke or change clothes until after evidence is collected. Use the PREA Response Kit to preserve physical evidence that may be on the youth or the youth's clothing.
  - 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 alleged perpetrator, and that steps defined in Section III. C. 2 a. through e., are implemented.
  - b. Initiate the Coordinated Response Plan that outlines the responsibilities of first responders, health care professionals and QBHP, investigators and facility leadership. The Coordinated Response Plan will follow the guidelines of Section C of this procedure.
  - c. Immediately advise health care professionals and the QBHP to arrange for the transport of the youth to the clinic or, as directed by health care staff, to the nearest hospital emergency room.
  - d. As requested by youth, contact the Youth 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.
  - e. Ensure the incident is reported to MSP and the DJS OIG. Ensure that all notifications are made in accordance with the *Incident Reporting- Residential Facilities and Community Operations 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.
- f. 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.
  - g. 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.
  - h. Ensure the completion of an Incident Report in accordance with the *Incident Reporting- Residential and Community Operations Policy and Procedures*.
4. **Health Care Professionals shall:**
- a. Provide emergency measures if necessary to stabilize the youth without interfering with the collection of evidence. Use the PREA Response Kit, if it has not been utilized by the first responder, to preserve physical evidence that may be on the youth or the youth's clothing.
  - b. Complete the Nursing Report of Youth Injuries Form.
  - c. 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.
  - d. Photograph any visible injury in accordance with *Incident Reporting- Residential and Community Operations Policy and Procedures*.
  - e. Refer, as needed, the alleged victim to the nearest hospital emergency room that has a qualified, trained forensic medical examiner (**Appendix 4**).
  - f. 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, if not provided by the hospital.
  - g. Offer pregnancy tests to victims of sexually abusive vaginal penetration, if not provided by the hospital.
  - h. If pregnancy results, offer the victim appropriate and comprehensive information about the timely access to all lawful pregnancy-related medical services.

5. **Qualified Behavioral Health Professionals shall:**

- a. Meet with the youth as soon as possible to provide an assessment and crisis intervention on the day of the notification. A QBHP shall provide 24/7 on call services.
- b. Refer the youth to community-based organizations, institutions and/or support groups equipped to evaluate and treat sexual abuse/assault victims. **(Appendix 5).**

6. **Superintendent shall:**

- a. Review to ensure staff completed all steps to protect the youth, provided immediate health care and behavioral health services to the youth, that the incident has been reported for investigation, and that follow-up services were provided to the youth.
- b. Notify the youth's attorney of the allegation as soon as possible but no later than 14 calendar days after the allegation.

**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 criminal investigation and determination of criminal charges. The Superintendent 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. If the OIG completes 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 perpetrator 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 Superintendent 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 written reports, administrative and criminal investigations provided by MSP, for as long the alleged perpetrator 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 Superintendent shall request the relevant information from CPS in order to inform the youth whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Superintendent 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 Superintendent or 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 Superintendent or designee will subsequently inform the youth in writing whenever:
  - a. The alleged perpetrator has been indicted on a charge related to sexual abuse within the facility; and
  - b. The alleged perpetrator 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. PROTECTIVE CUSTODY**

1. In accordance with Section C. Interventions, of this procedure, staff shall take immediate steps to separate the alleged victim and alleged perpetrator.
2. If two youth are involved, the Superintendent, in consultation with the Executive Director of Residential Services, shall determine appropriate housing to provide for the safety of both the alleged perpetrator and victim. These options may include use of seclusion, housing re-assignment, separation from the general population by placement in a self-contained intensive services unit, or a facility transfer.
3. Youth who have been abused, abused others or who are at substantial risk for abuse may be secluded 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. Seclusion shall be implemented in accordance with the guidelines of the *Seclusion Policy and Procedures*. During any period of



seclusion, 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 health care professionals and QBHP. Youth shall also have access to other programs and work opportunities to the extent possible. If a youth is secluded, the Superintendent 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. Youth in seclusion for four (4) hours or greater must be approved by the Executive Director of Residential Services.

4. The Superintendent, 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 HEALTH CARE AND BEHAVIORAL HEALTH SERVICES**

1. In addition to providing an appropriate health care and behavioral health response to sexual abuse, the facility shall offer health care and behavioral health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse.
2. If the Youth Vulnerability Assessment Instrument conducted 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 Youth Vulnerability Assessment Instrument conducted 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 behavioral 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 the victims and perpetrators 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 the victims and perpetrators 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 health care professionals and QBHP 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 would have been a termination if not for their resignation, shall be reported to MSP and to any relevant licensing bodies 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 criminal 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 and to relevant licensing bodies unless the activity was clearly not criminal.
2. The Superintendent 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 be documented on a behavioral report and 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. The QBHP shall consider whether to offer such interventions to the perpetrator. 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. 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 for retaliation through the behavior management system and counseled. Youth may also be transferred to a different housing unit or facility. This information will be shared with the youth's parent or guardian and the Community CMS. Staff may be subject to disciplinary action up to and including termination for any acts of retaliation against youth or other staff.
2. For at least 90 calendar days following a report of sexual abuse, the Youth Advocate shall monitor youth by reviewing youth disciplinary reports, housing or program changes and complete weekly status checks with youth. Monitoring and status checks shall be documented on the **Youth Advocate Retaliation Monitoring Form (Appendix 7)**.
3. For at least 90 calendar days following a report of sexual abuse, the Facility PREA Compliance Manager shall monitor the youth and staff and complete bi-weekly status checks. Youth monitoring shall include a review of disciplinary reports, housing or program changes. Staff monitoring shall include negative performance reviews and reassignments of staff. Monitoring and status checks shall be documented on the **PREA Compliance Manager Retaliation Monitoring Form (Appendix 8)**.
4. If there are any findings of retaliation against youth or staff, the Youth Advocate or PREA Compliance Manager will act promptly to remedy any such retaliation by reporting findings to the Superintendent and the assigned Executive Director of Residential Services and Deputy Secretary of Operations.

5. Monitoring will continue beyond 90 calendar days if the initial monitoring indicates a continued need.

**L. FACILITY UPDATES AND TECHNOLOGIES**

1. The Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect youth from sexual abuse.
2. The Superintendent, in consultation with the PREA Coordinator, shall assess, determine and document facility vulnerability to protect youth from sexual abuse to include video monitoring systems, electronic surveillance, or other monitoring technological systems annually on the **Facility Assessment Form (Appendix 9)**.

**M. 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 Superintendent 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 Superintendent 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 10)**.

3. **Data Collection**

- a. The Superintendent or 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- Residential and Community Operations 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. All sexual abuse records including, incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings and/or recommendations for post-release treatment and/or counseling are retained in accordance with the Department's record keeping schedule.
- e. 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 Superintendent is responsible for implementation and compliance with this procedure. The PREA Coordinator must provide oversight for compliance with PREA Juvenile Facility Standards.

**V. INTERPRETATION**

The Deputy Secretary for Operations shall be responsible for interpreting and granting any exceptions to these procedures.

**VI. LOCAL OPERATING PROCEDURES REQUIRED**

Yes

**VII. DIRECTIVES/POLICIES REFERENCED**

- A. Background Investigations Policy and Procedure
- B. Reporting and Investigating Child Abuse and Neglect Policy and Procedure
- C. Accessibility for Youth with Hearing Impairments Policy and Procedure
- D. Communication with Limited English Proficient Persons Policy and Procedure
- E. Admissions and Orientation of Youth in DJS Facilities Policy and Procedure
- F. Direct Care Staffing Policy and Procedure
- G. Supervision and Movement of Youth Policy and Procedure
- H. Searches of Youth, Employees, and Visitors Policy and Procedure
- I. Incident Reporting- Residential and Community Operations Policy and Procedure
- J. Seclusion Policy and Procedure

## VIII. APPENDICES

*All forms are located on the intranet under Forms/Youth Related. See here:*  
[http://intranet/new\\_forms\\_youth-related.htm](http://intranet/new_forms_youth-related.htm) )

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. Youth Advocate Retaliation Monitoring Form
8. PREA Compliance Manager Retaliation Monitoring Form
9. Facility Assessment Form
10. Sexual Abuse Incident Team Review Form



## **DJS POLICY AND STANDARD OPERATING PROCEDURES**

### **Statement of Receipt and Acknowledgment of Review and Understanding**

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**POLICY:** Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance  
**NUMBER:** RF-701-18  
**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

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WORK LOCATION

***SEND THE ORIGINAL, SIGNED COPY TO DIRECTOR OF 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. The Department requires that all employees complete the PREA-Mandated Disclosure form regardless of their position and **each employee has a continuing duty to disclose any such misconduct. Material omissions of such misconduct, or the provision of materially false information, shall be grounds for termination.**

1. Have you ever engaged in sexual abuse<sup>1</sup> in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?<sup>2</sup>

☐ Yes ☐ No

<sup>1</sup> *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.)

<sup>2</sup> "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 REFRESHER TRAINING

1-1- 2017

Title		(4 Hr.)	DJS Eliminating/ Reporting Policy/Proc.	NIC Specialized Medical and Behavioral Health Training	NIC Specialized Investigators Training
Key: X indicates a yearly requirement and classroom training. XX indicates every other year requirement.		DJS PREA Training includes PREA response kit			
CONTRACT PROVIDERS	Youth Dev. Programming Staff (ex. Artivate, Girls Circle, Boys Club)	N/A	X		
	RICA Food Services	N/A	X		
	Physician, Nurse Practitioner, Mid Wife	N/A	X	XX	
	Psychiatrist	N/A	X	XX	
	Dentist, Dental Asst., Optometrist	N/A	X		
	Nurse Full/Part Time	X Classroom or Video Training		XX	
	Social Worker, Sub. Abuse Counselor, Prof. Counselors, Psychologist	X		XX	
DJS EMPLOYEES	Physicians	X Classroom or Video Training		XX	
	Social Worker, Sub. Abuse Counselor, Prof. Counselors, Psychologist	X		XX	
	Nurses	X Classroom or Video Training		XX	
	Dentists	N/A	X		
	Direct Care Staff (RA-GLM) Sup., Asst. Sup., CMS, CMSS, Recreation Spec. and Sup.	X			
	Facility Transportation, Dietary	X			
	OIG Investigators	X			XX
	Child Advocate	X			
	Volunteers	N/A	X		
	Youth Centers Maintenance	X Classroom or Video Training			
MSDE	Teachers	X Classroom or Video Training			

- Staff/contracted providers who opt to take the video training must view the 4hr. PREA and response kit videos. The staff/contracted providers must coordinate with their supervisor to administer the tests at the end of the training.
  - NIC specialized training with issuance of a certificate must be renewed every other year from the date on the certificate.
- Elimination and Reporting of Sexual Abuse and Harassment- Appendix 3*

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 (Name)		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 (Where Child Can Be Seen)		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 (Specify Relation):				
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**

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

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

**SAFE PROGRAMS IN MARYLAND (continued)**

<b>Carroll County</b>	<b>Cecil County</b>
Carroll Hospital Center 200 Memorial Avenue Westminster, MD 21157-5726 <a href="http://www.ccgh.com">www.ccgh.com</a> SAFE Coordinator: On Call Safe Nurse; 410-871-6655 ER# 410-871-6700	Union Hospital 106 Bow Street Elkton, MD 21921-5544 <a href="http://www.uhcc.com">www.uhcc.com</a> SAFE Coordinator: Jenny Bannon ER# 443-406-1370
<b>Charles County</b>	<b>Dorchester County</b>
Civista Medical Center 5 Garrett Avenue LaPlata, MD 20646 <a href="http://www.civista.org">www.civista.org</a> SAFE Coordinator: Debbie Shuck-Reynolds; 301-609-4144 ER# 301-609-4160	Dorchester General Hospital 300 Bryn Street Cambridge, MD 21613 <a href="http://www.shorehealth.org">www.shorehealth.org</a> SAFE Coordinator: Karen Jackson 410-310-4769 ER# 410-228-5511 ext: 8361
<b>Frederick County</b>	<b>Garrett County</b>
Frederick Memorial Hospital 400 W. 7 <sup>th</sup> Street Frederick, MD 21701-4506 <a href="http://www.fmh.org">www.fmh.org</a> SAFE Coordinator: Kathy LeComte; 240-566-3109 ER# 240-566-3500	Garrett County Memorial Hospital 251 N. 4 <sup>th</sup> Street Oakland, MD 21550-1375 <a href="http://www.gcmh.com">www.gcmh.com</a> SAFE Coordinator: 2 Nurses on-call, main number will page Main # 301-533-4000
<b>Harford County</b>	<b>Howard County</b>
Harford Memorial Hospital 501 South Union Avenue Havre de Grace, MD 21078-3409 <a href="http://www.uchs.org">www.uchs.org</a> 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	Howard County General Hospital 5755 Cedar Lane Columbia, MD 21044-2912 <a href="http://www.hcgh.org">www.hcgh.org</a> SAFE Coordinator: Joey Middleton ER# 410-740-7777



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

**SAFE PROGRAMS IN MARYLAND (continued)**

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

Larry Hogan  
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 unsubstantiated, the following action has been taken as it relates to the staff accused:**

- ☐ The staff member is cleared to resume supervision of youth.

**If it has been determined that your allegation is substantiated, the following action has been taken as it relates to the staff accused:**

- ☐ 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.

**Regardless of the case outcome, the following information is being relayed to you regarding the youth accused:**

- ☐ 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.

\_\_\_\_\_  
**(Superintendent)**

\_\_\_\_\_  
**Date**

cc: Parent  
File

## Youth Advocate Retaliation Monitoring of Youth

Name of Youth Requiring Monitoring:	
Date of Incident:	
Facility/Unit:	
Name of Youth Advocate:	

The Department of Juvenile Services (DJS) is required to monitor the conduct or treatment of youth who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff. Youth Advocates shall act promptly to remedy any such retaliation by reporting it to the Superintendent, Executive Director of Residential Services and the Deputy Secretary of Operations. DJS shall monitor for 90 days which may be extended if there is a continuing need. Monitoring and status checks with youth shall be completed weekly.

**Indicate protective measures DJS has employed:**

- ☐ Housing changes or bedding assignments, transfers for youth victims or abusers
- ☐ Removal of alleged staff or youth abusers from contact with victims
- ☐ Emotional support services for youth who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

**Items the Youth Advocate should monitor include:** Youth Disciplinary Reports, housing or program changes, eating and behavioral changes

Date	Status Check Week	Retaliation	Comments (include remedy for retaliation)	Youth Signature
	<b>Week 01</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 02</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 03</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 04</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 05</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 06</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 07</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 08</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 09</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 10</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 11</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Week 12</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DJS shall continue monitoring beyond 90 days, if the initial monitoring indicated a continuing need. Is there a continuing need for monitoring? ☐ Yes ☐ No

\_\_\_\_\_  
Date



## PREA COMPLIANCE MANAGER

### Retaliation Monitoring

#### Protections Against Retaliation

☐ Staff ☐ Youth

Name of Staff/Youth Requiring Monitoring:	
Date of Incident:	
Facility/Unit:	
Name of Staff Monitor:	

The Department of Juvenile Services (DJS) is required to monitor the conduct or treatment of youth and staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff. The PREA Compliance Manager shall act promptly to remedy any such retaliation by reporting it to the Superintendent, Executive Director of Residential Services and the Deputy Secretary of Operations. DJS shall monitor for 90 days which may be extended if there is a continuing need. Monitoring and status checks with youth and staff shall be completed bi-weekly.

#### Indicate protective measures DJS has employed:

- ☐ Housing changes or bedding assignments, transfers for youth victims or abusers
- ☐ Removal of alleged staff or youth abusers from contact with victims
- ☐ Emotional support services for staff or youth who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

#### Items the PREA Compliance Manager should monitor include:

**YOUTH:** Youth Disciplinary Reports, housing or program changes, eating and behavior changes

**STAFF:** Negative performance reviews, reassignments of staff.

Date	Status Check Week	Retaliation	Comments (include remedy for retaliation)	The person being monitored should sign below.	
				Youth Signature	Staff Signature
	<b>Week 01</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Week 03</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Week 05</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Week 07</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Week 09</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Week 11</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Week 13</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Week 15</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

DJS shall continue monitoring beyond 90 days, if the initial monitoring indicated a continuing need. Is there a continuing need for monitoring? ☐ Yes ☐ No

\_\_\_\_\_  
Date



## FACILITY VULNERABILITY ASSESSMENT TOOL

Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

A. Lighting and Surveillance Cameras	Yes	No	N/A	Comments
1. Is the interior lighting in the facility adequate and properly functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is all of the exterior building lighting adequate and functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are all areas outside and around the building reached by the exterior lighting on the poles/walls, i.e. free of dark areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are the critical lighting areas of the facility connected to a generator for emergency lighting back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are there adequate surveillance cameras on/in the interior/exterior of the building of the facility and are they functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are the surveillance cameras protected by UPS battery backup or wired to a generator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the camera range of the areas inside and outside the facility free of blind spots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Blind Spots/Areas Not Visible to Employees	Yes	No	N/A	Comments
1. Are hallways and other areas of the facility free of blind spots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are youth's rooms free of blind spots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are the areas outside and around the room(s)/dorm(s) free of blind spots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Common Areas on Campus	Yes	No	N/A	Comments
1. Is the lighting in the campus's common areas adequate and properly functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are the units/buildings reached by the lighting, i.e. free of dark areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## FACILITY VULNERABILITY ASSESSMENT TOOL

3. Is the camera range in the units, school, recreation area, etc. and grounds free of blind spots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are supervisory personnel randomly monitoring the video cameras at least once a shift on all three shifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are the Zero Tolerance Posters displayed throughout the facility i.e. units/school/recreation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D. Radio Communication</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. Is the facility free of dead spots/areas that will/have effects on proper radio communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are the radios protected by UPS battery back-up or wired to the emergency generator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are all the radios in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there at least one radio for staff per unit/dorm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are the spare radio batteries easily accessible to staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E. Classrooms</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. Is the camera range inside classrooms free of blind spots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is youth movement from classroom to classroom monitored by staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are all of the supply cabinets secured and locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>F. Office Areas</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. Do all of the staff offices have windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the camera range inside the office areas free of blind spots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the office lighting adequate and functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>G. Bathroom Areas</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. Are the toilet/shower areas for multiple youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## FACILITY VULNERABILITY ASSESSMENT TOOL

2. Does the toilet/shower areas allow for direct sight and supervision of the youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the ingress/egress to the toilet/shower areas controlled by staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>H. Visitation Areas</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. Is there controlled ingress/egress of visitors during visitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are there separate rest room facilities for the youth and for visitors during visitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the area free of visual obstructions and/or blind spots that would prevent a good line of sight during visitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there video monitoring by staff during visitation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>I. Supervision of Juveniles</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. Are staff maintaining continual visual supervision of all the assigned youth and regularly patrolling their assigned areas on each shift daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are staff conducting a headcount during major movements and during Each shift change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do staff continually patrol their assigned areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the required youth to staff ratio being maintained on each shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are staff who are working the floor notifying another staff when they need to leave the floor for restroom breaks, etc. so as not to leave the youth in the common areas, etc. unsupervised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>J. Staffing Plan</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1. Are additional post(s) required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do existing post(s) require modification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## FACILITY VULNERABILITY ASSESSMENT TOOL

**Vulnerability Assessment Reporting Supplemental Form** - Please use this section to provide any additional information for the above sections or to provide descriptions of any additional deficiencies not noted above.

### Specific Building/Area Deficiencies:

Areas of Deficiency	Potential Vulnerability	Recommendation

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
PREA Coordinator

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director

## 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?		OIG Investigation Reviewed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Investigation Results: <b>Unfounded</b> <input type="checkbox"/> <small>(Discuss ways to prevent unfounded allegations)</small> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/>		Youth Notified of Investigation Results		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Review Team Considerations</b> <small>If any of the questions below indicate "yes" please provide more detail in the Recommendations for Improvements section below. Be specific.</small>				
Does the allegation or investigation indicate 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	
Upon examining the area in the facility where the incident allegedly occurred, were there physical barriers in the area that may have enabled the abuse? <small>(Consider details- shower curtains, walls, dorm vs. room, bed placement, cameras)</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were staffing levels adequate in the area where the incident allegedly occurred during all shifts? <small>(Review staff in the immediate area and where they were posted)</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Should monitoring technology such as cameras, mirrors, or guard tour systems 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	
<b>Recommendations for Improvements</b> <small>(Attach additional recommendations if more space is needed)</small>				

Will all recommendations be implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, list reasons below why recommendations could not be implemented. If Yes, of the recommendations or changes being implemented as listed above, add the deadlines for each and who is responsible for completion.
Date of Sexual Abuse Incident Team Review: _____

## Sexual Abuse Incident Team Review

Review Team Signatures			
Superintendent/Designee:	OIG Investigator:		
GLMII/GLMI/RAS:	Somatic Health:		
Case Manager Supervisor:	Behavioral Health:		
Report Submitted to Superintendent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Report Submitted to PREA Compliance Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Report Submitted to PREA Coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Report Submitted to Executive Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	