

PREA AUDIT REPORT INTERIM FINAL

JUVENILE FACILITIES



Auditor Information			
Auditor name: Robert Lanier			
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Telephone number: (912) 281-1525			
Date of facility visit: June 3-4, 2015			
Facility Information			
Facility name: Alfred D. Noyes Children Center			
Facility physical address: 9925 Blackwell Road, Rockville, MD 20850			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (301) 895-5669 & (301) 895-3425			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Antoinette McCleod			
Number of staff assigned to the facility in the last 12 months: 79			
Designed facility capacity: 57			
Current population of facility: 29			
Facility security levels/inmate custody levels: staff/hardware secure			
Age range of the population: 14-21			
Name of PREA Compliance Manager: Steven Simon		Title:	Asst. Superintendent
Email address: Steven.Simon@maryland.gov		Telephone number:	(301) 315-1610
Agency Information			
Name of agency: Department of Juvenile Services			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: One Center Plaza, 120 W. Fayette Street, Baltimore, MD 21201			
Mailing address: <i>(if different from above)</i>			
Telephone number: (410) 230-3101			
Agency Chief Executive Officer			
Name: Sam Abed		Title:	Secretary of DJS
Email address: Sam.Abed@maryland.gov		Telephone number:	(410) 230-3101
Agency-Wide PREA Coordinator			
Name: Wallis Norman		Title:	Exec. Dir of Juv Opr.
Email address: Wallis.Norman@maryland.gov		Telephone number:	(410) 230-3313

AUDIT FINDINGS

NARRATIVE

The Alfred D. Noyes Center (ADNC) opened in 1977 and was named after a judge who served on the juvenile court in Montgomery County in the 1970's. The program is operated and governed by the Maryland Department of Juvenile Services (DJS). The facility is located on approximately three (3) acres of land located in Rockville, Maryland. ADNC serves as a 57 bed secure detention facility for male and female youth who are waiting to go to court, return home with services, to a group home or be placed in a treatment facility. ADNC primarily serves youth from Montgomery County, Prince George County, Frederick County, Washington County, Allegheny County and Garrett County. Youth detained from other jurisdictions are typically pending transfers to nearby committed placements, special cases and/or security transfers from other DJS facilities. The average age is between 13-18 years old although juvenile jurisdiction could remain until the age of 21. Youth under the age of 13 could also potentially be detained if ordered by the court. The average length of stay is 24 days. The Pre-Audit Questionnaire reported an average daily population of 41 for the past 12 months.

The Noyes Center program is designed to meet the immediate needs of detained youth. Each admitted youth receives assessments focusing on medical, mental health, substance abuse, and educational history. Immediately upon admission into ADNC, youth are required to provide basic parental/guardian information, complete the MAYSI (mental health assessment), the SASSI (a substance and alcohol assessment), the VAI (Youth Vulnerability Assessment Instrument) to determine Risk of Victimization and/or Sexually Aggressive Behavior and participate in a medical/physical health assessment. The youth will also complete an educational assessment by an educational staff member who will identify and/or modify the Individualized Educational Plan if the youth has one or any other additional educational services needed. All educational services are provided by the Maryland State Department of Education (MSDE). Youth also have access to a medical doctor, psychiatrist, psychologist, dentist and optometrist. The program utilizes the CHALLENGE Program to address youth behaviors. The facility does not utilize isolation and disciplinary issues are addressed through the behavior management program.

The facility is staffed with a total of 79 employees. The Maryland State Department of Education (MSDE) currently has eight (8) employees on site. Staffing includes the following: one (1) Superintendent, one (1) Assistant Superintendent, two (2) Administrative Support Staff, one (1) Group Life Manager II, three (3) Group Life Manager's I, six (6) Resident Advisor Supervisors, two (2) Resident Advisor Lead Staff, thirty-eight (38) Resident Advisors I, II and Trainee, one (1) Psychologist, three (3) Social Workers, one (1) Addictions Counselor, one (1) Maintenance Supervisor, one (1) Maintenance Assistant, one (1) Facility Case Manager Supervisor, three (3) Case Managers, one (1) Nursing Supervisor, two (2) Registered Nurses, three (3) Agency Nurses, one (1) Child Advocate, one (1) Transportation Supervisor and six (6) Transportation Officers.

Medical Services are available between the hours of 7:30 AM and 11:30 PM seven (7) days per week. The medical department provides the following onsite services: complete nursing assessment, routine and other lab work as ordered, STD testing and treatment as indicated, physician clinic weekly, immunizations as needed, routine dental exams with off-site providers, assessments of youth injuries and first aid, medical assessment and monitoring with any restraint or seclusion incident and health education services. Sexual assault exams are conducted at Shady Grove Adventist Hospital, where SAFES/FNEs are reportedly available.

The Behavioral Health Team provides both mental health and substance abuse services beginning with the initial intake assessment and lasting throughout the youth's detention. Behavioral Health is responsible for assessing each youth's mental health needs, substance abuse needs and suicide potential, as well as responding to mental health crises. Additionally behavioral health is responsible for providing Psychosocial Evaluations and Substance Abuse Evaluations.

On site accredited Educational Services are provided Monday through Friday by the Maryland State Department of Education (MSDE). All students are offered all the basic courses in math, science, social studies and English. Educational services are provided based on the needs of each individual student. MSDE also offers the Serv Safe Certification Program, GED preparation and testing. All students are required to complete the Basic Achievement Skills Inventory (BASI) in verbal and math. These scores are used to develop an individual learning plan for them. Students are also given state mandated tests. Special Education services are offered to students who qualify and counseling services are offered to all students.

Case managers complete the initial orientation process with newly admitted youth. They explain the facility norms and expectations, review the youth handbook and Challenge Program Manual. They assist youth with making contact with community case managers and/or community social workers, legal counsel and other required contacts.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility has one main building and three (3) additional school trailers/modular units located in the rear of the facility. There is a secure administration area with seven (7) offices for administration staff, support staff, behavioral health, transportation and the master control. The secured residential side has an intake admissions area, medical unit, assessment interview room and two (2) more additional behavioral health offices. The main body of the building has four (4) youth living units, an education area, cafenasium (gym and dining are in one), and a multipurpose room. The living units include three male units and one female unit. Two of the three male units have maximum capacities of 15 each. The third male unit has a maximum capacity of 13. The female unit has a maximum capacity of 14. The back side of the building has staff restrooms, laundry and storage areas. These areas are restricted areas and youth are not allowed. Each living unit has a case manager's office within the unit, a day room, bathroom and storage closet.

All dietary services are provided by an outside vendor. The maintenance department is also located in an area separate from the main building.

SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted in the facility on April 22, 2015, six weeks prior to the date of the on-site visit. Posting of the notices was verified by photos received electronically from the DJS PREA Specialist. There were 16 photos representing locations throughout the facility accessible to youth, staff and visitors. The auditor did not receive any communications from staff, youth or visitors as a result of the notices. The flash drive containing the Pre-Audit Questionnaire, DJS Policies, Facility Operating Procedures and other supporting documentation was received on May 4, 2015. The documentation that was uploaded to the USB Flash Drive was very well organized and easy to navigate. An initial review of the documentation revealed a PREA Policy that was very comprehensive in scope, detailed, well written and that flowed logically. Additionally the other supporting DJS Policies were very well written. Clarification was requested for several areas. This clarification was responded to expeditiously by the DJS PREA Specialist, whose responsiveness throughout the process was commendable. Prior to the audit on Wednesday, June 3, 2015, the auditor met on Sunday, May 31, 2015, with the DJS PREA Specialist and the three Superintendents whose facilities were to be audited during the week (June 1-4, 2015). In addition to getting acquainted, the Auditor, Superintendents and PREA Specialist discussed the audit process. This meeting was extremely helpful in developing a strategy to ensure staff from all shifts were interviewed. The auditor arrived at the facility at 9:00AM. Following a brief entrance conference with the Superintendent, Assistant Superintendent and PREA Compliance Specialist, during which youth and staff to be interviewed were selected, the Superintendent and Assistant Superintendent led the auditor on a complete tour of the facility. The facility was clean, neat and orderly. Youth were well behaved and engaged with staff who were providing direct supervision. Audit Notifications were posted as shown in the photos sent to the auditor. During the tour the Superintendent pointed out the locations of cameras and shared information about the upgrades that had been made to them. The video camera system was enhanced in fiscal year 2015 and the facility provided documentation indicating that there are a total of 40 cameras. PREA Posters were observed throughout the facility. Each unit had a PREA Notebook containing the DJS PREA Policy and PREA Information. A number of doors were equipped with windows enabling one to view inside the offices. Sampled doors that should have been locked were locked. A number of solid doors were observed during the tour. Solid doors provide a predator an opportunity to go undetected. Entrances to most of the doors were covered by video cameras. Staff related that access to areas behind the solid doors are off limits to youth. They also related that the keys to those areas are restricted. Another step that this facility has taken to further mitigate liability was to place signs on a number of doors that were off limits to youth and accessible to authorized staff only. Signs simply indicated that no youth were allowed. These are critical areas that should be checked during unannounced PREA rounds. Cameras were not observed in any bathroom/shower areas, resident rooms or safe rooms. Showers are conducted by same sex staff. Youth shower and use the restrooms one at a time. They come to the shower dressed and leave dressed. Male staff are not on the hall while the showers are being conducted. Supervising staff are positioned where they would not be viewing youth using the restrooms or showers. Phones were observed in each living unit. Instructions for accessing the hot line (Rape Crisis Center-211) were posted by the phones along with other contact information for youth. There were 29 youth at the facility on the day of the audit. Two residents were identified as Limited English Proficient. total of 11 residents, including one Limited English Proficient resident, were interviewed. These youth were knowledgeable of PREA, the Zero Tolerance Policy, their rights to be free from sexual abuse, sexual harassment and sexual misconduct and how to report sexual abuse. Youth identified multiple ways to report, internally and externally, in writing, verbally, anonymously and through third parties. Youth knew how to report via the Rape Crisis Hotline. A total of twenty (20) staff, representing staff from all shifts and an Office of Inspector General investigator were interviewed. Specialized interviews included the Superintendent, Assistant Superintendent, Behavioral Health Staff (Psychologist), the Nurse Manager, a Social Worker, a Case Manager, Intake staff, First Responders, the Retaliation Monitor, Incident Review Committee Members and others. Some of the interviewed staff were contracted employees. Interviews revealed that staff have been educated about PREA, the Zero Tolerance Policy as well as their responsibilities in preventing, detecting, responding and reporting sexual abuse and sexual harassment. Staff were eager to share their knowledge. They related consistently that they would take all allegations and suspicions of sexual abuse seriously. All of them were knowledgeable of reporting procedures and their responsibilities as first responders. It was a pleasure interviewing staff at this facility. They were all eager, enthusiastic and motivated. At the conclusion of the audit an exit briefing was conducted with the Superintendent, Assistant Superintendent and the DJS PREA Specialist. Any areas where additional information was requested was provided. Reviewed documentation, including policies, procedures as well as supporting documentation was consistent with the PREA Standards. On-site interviews confirmed that staff and youth are well educated and understand how to prevent, detect, respond and report allegations, knowledge, or suspicions that sexual abuse of sexual harassment has occurred. Interviews also confirmed practices that were consistent with DJS Policies and Facility Operational Procedures, as well as with the PREA Standards. No additional information was needed to complete the audit and the facility was found to be in full compliance with all PREA Standards. The auditor challenged the facility to maintain and sustain this level of compliance following the audit. Following that briefing, a close out briefing was conducted through video conferencing. Those attending were the Department of Juvenile Services, Deputy Secretary, Operations Division, the Administrative Assistant, Operations Division, the Executive Director, Residential Services/Agency PREA Coordinator, the Noyes Center Superintendent, Assistant Superintendent and Psychologist, the Carter Center Superintendent, the Lower Eastern Shore Superintendent and Group Life Manager II and the Department of Juvenile Services, PREA Specialist.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Number of standards DJS not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is evident that the Department of Juvenile Services (DJS) takes PREA seriously. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, describes the agency's Zero Tolerance of all forms of sexual abuse and sexual harassment and the agency's approach to preventing, detecting, and responding to reports of alleged sexual abuse and sexual harassment, is very detailed, clearly written and comprehensive. In addition to educating staff and youth in the Zero Tolerance Policy, youth are provided with the "What You Should Know About Sexual Abuse and Harassment" brochure that details the Zero Tolerance Policy. This brochure explains how to avoid sexual abuse as well as what to do if the youth is sexually abused. The Executive Director of Residential Services serves as the Agency PREA Coordinator and reports directly to the Deputy Secretary of the Operations Division. This high level designation reflects the seriousness with which the administration takes sexual abuse and sexual harassment and their commitment to protecting the youth in their care. The Department has a statewide PREA Specialist who works with all the facilities by coordinating with the training unit to ensure that all PREA Compliance Managers at each facility have been trained on the standards and any updates. The designated PREA Compliance Manager for Noyes Children Center is the Assistant Superintendent who reports directly to the Facility Superintendent. A sample of Youth Acknowledgment Statements and interviews confirmed youth were educated on the Zero Tolerance Policy and in reporting sexual abuse. Interviews with 20 staff and 11 youth confirmed that they have been educated on the agency's Zero Tolerance Policy.

Standard 115.312 Contracting with other entities for the confinement of residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A review of DJS policy on Compliance Laws describes the contractors obligations to comply with all federal, state, and local laws, regulations and ordinances including the Prison Rape Elimination Act. DJS has entered into/renewed five (5) contracts for confinement of residents in the past twelve (12) months. These contractors are monitored by DJS to ensure compliance with the PREA standards.

Standard 115.313 Supervision and monitoring

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

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DJS Policy RF-713-14, Direct Care Staffing, with an effective date of 2/15/14 and DJS Policy 701-15 Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, with an effective date of 2/4/15 require each facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of youth. DJS RF-713-14, Direct Care Staffing, also requires the plan to account for departmental youth to staff ratios, physical plant, video monitoring, and federal standards. The reviewed facility staffing plans for 2014 and 2015 provide for minimum staffing levels of 8-8-4 direct care staff for each shift, 1st, 2nd and 3rd respectively with staff to youth ratios of 1:7 during days and 1:16 at night absent exigent circumstances. The staffing plan is reviewed annually. Minimum staffing and ratios were predicated on an average daily population of 57, however the documented average daily population for the past 12 months was 41. DJS Policy-RF-713-14 also provides instructions for responding to and documenting exigent circumstances as does Noyes FOP, Exigent Circumstances to Maintain PREA Ratio. Reviewed Daily Shift Reports documented minimum staffing and maintenance of the required staff to youth ratios. A memorandum signed by the Facility Superintendent stated the facility has not deviated from the required ratios during the past twelve (12) months. Unannounced rounds were documented in the reviewed logbooks and confirmed through staff interviews. Staff confirmed compliance with minimum staffing ratios. The Superintendent described all of the elements that are to be considered in reviewing and developing the staffing plan. She also stated it is reviewed annually and documented on the Facility Vulnerability Assessment.

Standard 115.315 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policies, Noyes Children's Center FOPs including the following: (DJS- RF-715-14, Admissions and Orientation of Youth in DJS Facilities, effective 5/27/14; DJS-RF-712-14, Searches of Youth, Employees, and Visitors, effective 11/5/14, FOP #14, Youth, DJS Employees and Visitor Searches, effective 3/3/2015 and a Pat Down Search Training Brochure, March 2015, prohibit cross gender pat down searches, cross gender strip or cross gender visual body cavity searches of residents and prohibits staff searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The reviewed Pat Down Search Training Brochure and reviewed training rosters indicated that staff were being trained in conducting pat down searches and in professionally searching transgender and intersex youth. Interviewed youth and staff confirmed that cross gender searches do not occur. Staff did state that cross gender pat down searches could be conducted in exigent circumstances and they were able to describe what an exigent circumstance might be. DJS Policies and the Facility's FOPs require staff of the opposite gender to announce their presence upon entering a unit housing residents of the opposite gender. Staff and youth also confirmed that staff announce their presence. Additionally, entry and exit are announced on the radio and documented in the log book. A quick review of the Master Control Logbooks confirmed the process. Showers are conducted by same gender staff. Youth shower one at a time and enter the shower area clothed and exit the shower area clothed. Interviewed youth confirmed the shower process.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed policies, procedures and other documentation provided indicates that the Department and this facility take seriously their responsibilities for ensuring that residents with disabilities and with limited English proficiency are provided equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. These policies and procedures also prohibit reliance on youth interpreters or resident readers except in limited circumstances where delay could compromise the youth's safety, the performance of first responder duties, or the investigation of a youth's allegations. Reviewed policies included the following: DJS-RF-715-14, Admission and Orientation of Youth in DJS Facilities, effective 5/27/14; MGT-625-14, Nondiscrimination of Youth, effective 12/22/14; MGT-627-14, Communications with Limited English Proficiency, 12/22/14; and OPS-911-15, Accessibility for Youth with Hearing Impairments, effective 1/15/15. An email from the Director, Office of Fair Practices/Equal Employment Opportunity, dated 3/25/13, directed facility staff to utilize the following contracted services for interpretive services: On-Site Services: AdAstra Incorporated; Telephonic Interpretive Services: Language Line Solutions and Written Translation Services: Schreiber Translations, Incorporated. Two contracted interpreters were observed working with two LEP youth. They translate during orientation and shadow the youth for 12 hours per day, during awake hours. A LEP resident was interviewed by the auditor with the assistance of the translator/interpreter. Although the interview took a little longer, the youth's responses were appropriate and it was evident that he had PREA explained to him, including the Zero Tolerance Policy and how to report. Interviewed staff related that youth readers or interpreters would not be used to translate or interpret absent an emergency. Intake staff explained how to access the services if needed. Interviewed youth were aware that interpreters are available if needed.

Standard 115.317 Hiring and promotion decisions

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

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DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance); HR-410-15 (Background Investigations Policy) and HR-01-10 (Random or Reasonable Suspicion Checks of Child Abuse or Neglect) contained all the elements required by this standard and all background checks are conducted initially on new employees and randomly selected on current employees. DJS has extensive background screening requirements and has a system in place that any current employee arrested, the Director of Human Resources is notified via email immediately. Also random selection checks are completed each quarter, HR will provide a computer generated list of 5% of employees who have not been selected for a CPS check within the previous 12 months to the OIG. All new employees are screened for criminal record check, child abuse and neglect check (Child Electronic Social Service Information Exchange), sex offender registration check and driving records check. Staff files contained the PREA Mandated Disclosure form, Addendum to Application for State Employment and Acknowledgment of Receipt of the Standards of Conduct and Disciplinary Process Handbook. Interviews with the Director of Human Resources and HR Specialist confirmed staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, contractors who have contact with residents have documented criminal background checks.

Standard 115.318 Upgrades to facilities and technologies

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

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DJS has not acquired any new facilities since August 20, 2012. The Noyes Camera Inventory, dated March 12, 2015, indicates that the Noyes Children's Center has forty video cameras. The Superintendent, during the initial tour of the facility, stated the facility is scheduled for major renovations in the near future that will result in additional surveillance capability. During the tour cameras were observed throughout the facility. Video monitors in the control room were observed to be clear. They were being monitored by staff. The facility staff are proactive in requesting additional coverage. This was documented in an email dated 2/7/14 requesting an additional camera in the staff locker area. A Vulnerability Survey conducted in 12/5/14 documented the need for an additional camera in the visitation area. Another Vulnerability Survey, conducted 3/9/2015, documented that a camera was added to the cover the visitation area. Apart from those areas, the facility did not identify additional blind spots.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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Reviewed documentation and interviews confirmed that the Office of Inspector General (OIG) conducts administrative investigations however initially the OIG, Child Protective Services and Maryland State Police work together to determine if the investigation is administrative or criminal. OIG investigates administrative allegations while the Maryland State Police investigate criminal allegations. Investigators follow a uniform protocol for collecting evidence (Maryland State Police Guidelines for Submitting Physical Evidence, revised 12/2012). Although the facility reported that they did not have any allegations in the past 12 months requiring a forensic exam, the department has been proactive in identifying medical facilities with SAFE/FNES. The DJS Nurse Program Consultant verified and confirmed the availability of SAFES/FNES that were listed by the Maryland Coalition Against Sexual Assault, SAFE Programs in Maryland. The Noyes Center Nurse Manager stated she would send youth to the Shady Grove Adventist Hospital for forensic exams. DJS has documented attempts to enter into MOUs with the Rape Crisis Center (Victim Assistance and Sexual Assault Program, Rockville, Maryland). Qualified staff, trained as advocates in March 2015 (Extensive Training Curriculum provided and reviewed), would serve in the roles of Sexual Assault Responders when an advocate from Victim Assistance and Sexual Assault Program was unable to respond in a timely manner. Exams are provided with no cost to the victim. Interviews with staff confirmed that all of the elements of PREA Standard 115.321, Evidence Protocol and Forensic Medical Examinations are compliant. Interviewed staff were aware of the need to protect and collect evidence following an allegation of sexual abuse. An interview with the facility nurse manager confirmed the process for accessing forensic exams as well as how to collect evidence initially by using the PREA evidence kits. She indicated that the facility would use Shady Grove Adventist Hospital for forensic exams.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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DJS Policies and procedures are replete with requirements to report all allegations and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.B, Reporting, in addition to requiring reporting of knowledge, suspicion and information related to allegations of sexual abuse, harassment and retaliation also instructs staff to report allegations made verbally, in writing, anonymously and by third parties. Section III.D, Investigations, of that same policy require reports to be made to Child Protective Services (CPS), Maryland State Police (MSP) and the Office of Inspector General (OIG). The Office of Inspector General (OIG) is the unit responsible for conducting administrative investigations and the Maryland State Police (MSP) will investigate all criminal allegations. DJS OPS-913-15, Reporting and Investigating Child Abuse and Neglect, effective 3/11/15 also addresses the requirements to report as well as investigation responsibilities by each unit (CPS,OIG and MSP). The facility reported two (2) allegations of sexual abuse /sexual harassment received in the past 12 months. These were reported and investigated as required. The Maryland DJS Website contains instructions on reporting allegations of sexual abuse to the DJS Office of Inspector General and provides a phone number. Additionally the website provides easy access to DJS Policies RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance and DJS-OPS-913-15, Reporting and Investigating Child Abuse and Neglect. All interviewed staff were aware of the reporting process on receiving an allegation of sexual abuse or sexual harassment. They were also aware of the agencies responsible for conducting investigations. Interviews with the Superintendent and Assistant Superintendent confirmed the reporting and notification process. .

Standard 115.331 Employee training

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

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DJS Policy RF-701-15, III.A.5, Employee Training, requires PREA Training upon becoming an employee (entry level) and annually, as well as refresher. The Facility's FOP, Employee Training for PREA, requires the following training for employees: 1) 8 hours PREA at the Entry Level Academy 2) PREA On Line annually through NIC and training provided by the PREA Compliance Manager, in one hour training sessions provided four (4) times per year. A review of 4 Units of required training confirmed that all 11 items required in this standard are covered and the training was observed to be comprehensive and repetitive, and effectively presented. A review of sampled training rosters as well as staff interviews confirmed that staff are receiving their required PREA Training. Sampled staff training records confirmed staff had received the training as required. In addition to the required training, documentation was provided to indicate that thirty-seven (37) staff completed the NIC On-Line Course entitled Your Role in Responding to Sexual Abuse in addition to the required specialized training required for medical and behavioral health staff. Reviewed sampled training rosters confirmed that thirty-nine (39) staff received an additional eight (8) hours of PREA training on site. This training also included how to use the PREA Response Kit. Interviewing staff at the Noyes Center was a pleasure. Staff were enthusiastic and motivated and confident in the responses to questions related to their positions with regard to PREA. Staff were able to articulate the training they had, when they had it and how they continue to receive refresher training. Staff were impressive in that they began the interviews by telling the auditor when the PREA Law was enacted and why and then they launched into their understanding of the Zero Tolerance Policy, their roles in detecting and ensuring youth are safe, reporting procedures and notification procedures.

Standard 115.332 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facilities Standards Compliance, III.6.a and b, require that volunteers and contractors are trained in the Zero Tolerance Policy and reporting and complete training required in the DJS PREA Mandated Training Document, Appendix 2 which requires training in DJS Policy RF-701-15 and that they complete the Youth Development Orientation, which provides training in the following: Zero Tolerance Policy, Reporting and Investigating Child Abuse and Neglect, PREA Policy (701-15), Incident Reporting and Confidentiality, and CPS Reporting of Child Abuse/Neglect. A review of volunteer's contracts for four (4) volunteers confirmed they had been made aware of the facilities requirements for confidentiality and reporting through Child Protective Services. Contracts documented that each volunteer was provided DJS Policies on Confidentiality, Elimination and Reporting of Sexual Abuse and Harassment, Incident Reporting and Investigating Child Abuse and Neglect. Volunteers acknowledge their understanding by signing and dating their contracts.

Standard 115.333 Resident education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

JS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and Noyes Center FOP, Resident Training for PREA, requires that youth are trained during admission and orientation in the Zero Tolerance Policy and in reporting sexual abuse and sexual harassment. Youth are provided the "What You Should Know" pamphlet, providing youth with information about sexual abuse, harassment and retaliation and actions the youth should take if they had become a victim, including how to report it. Within 10 calendar days youth are required to have received comprehensive age appropriate education including the youth's rights to be free from sexual abuse and sexual harassment and retaliation, reporting and the agency's response to allegations. The FOP adds additionally that youth will also receive bi-weekly training by case managers. Reviewed documentation, including multiple bi-weekly sign in sheets and a sampled acknowledgment statements indicated that youth were receiving the education and training as required. The facility also utilizes the End The Silence Series. Six (6) of (6) resident files contained documentation that youth received their PREA Orientation the same day as their admission date. Interviewed Youth consistently confirmed that they were trained initially during the admissions process on the Zero Tolerance Policy and how to report allegations of sexual abuse, sexual harassment and sexual misconduct. They also stated they were provided a brochure entitled, "What You Should Know" giving them information related to sexual abuse and sexual harassment, including how to avoid it as well as how to report it. Youth stated that they were constantly having PREA education in the living units. interviews confirmed they are being well educated on PREA, the Zero Tolerance and how to report. They are also being exposed to discussions about various "End of Silence" comic book topics.

Standard 115.334 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, OPS-913-15, Reporting and Investigating Child Abuse and Neglect require reports of allegations of sexual abuse, sexual harassment and retaliation to Child Protective Services, DJS Office of Inspector General and to the Maryland State Police. The Maryland State Police investigates allegations determined to be criminal and OIG investigates allegations determined to be administrative. There are six OIG staff who conduct investigations in DJS Facilities. Documentation was provided to confirm the six named investigators that have completed the Specialized Training provided by the National Institute of Corrections (NIC). The reviewed General Order, 01-14-004, Maryland State Police requires that "Troopers who conduct investigations of alleged sexual contact with prisoners will have received training that meets PREA Standards." The agency does not conduct criminal investigations. An interview with an Office of Inspector General Investigator confirmed that OIG Investigating staff are required to complete the National Institute of Corrections, on-line specialized training for investigators conducting investigations in confinement settings. He also related that a number of investigators have had prior law enforcement experience and training in investigation procedures.

Standard 115.335 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Mandated Training, Appendix 2, DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, identifies the medical staff, contracted and employees and mental health staff, contracted and employees, who are required to complete the NIC Specialized Medical Care, Sexual Assault Victims in Confinement Settings and the NIC Specialized Behavioral Health Care Sexual Assault Victims in Confinement Settings. The facility identified eight (8) medical and mental health staff who had completed the NIC Specialized training for Medical and Behavioral Health Staff. Certificates were provided confirming the specialized training. An interview with the Nurse Manager indicated that she and other medical staff have completed the NIC Specialized Training as well as the eight (8) hour on site PREA Training, including training on the PREA Responder Kit. The Facility Psychologist related that behavioral health staff are required to complete the NIC Specialized Training for behavioral health staff. This staff has a PhD and has had education and training related to sexual abuse and trauma as well as internships. An interview with the Facility Social Worker also confirmed that she and other behavioral health staff have completed the required on line NIC Specialized Training. Additionally the Social Worker has a Master's Degree in Social Work, is licensed and was previously employed as a Child Protective Services Investigator.

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residential Facilities address screening, upon admission or transfer to another facility, for risk for victimization or sexual abusiveness. The Noyes Center utilizes the Vulnerability Assessment Instrument (VAI), an objective screening instrument, to screen for risk for victimization or sexual abusiveness. The screening instrument is administered within 72 hours of intake. It is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents who score “vulnerable” to victimization OR sexually aggressive are placed in an alert system (High Alert Status) and staff access to this information is limited and disclosed on a “need to know” basis. These policies also provide for reassessment to be conducted not more than 60 days from the initial VAI and “throughout the youth’s stay”. Reviewed Vulnerability Assessments and Reassessments indicated that practice was consistent with policy. A review of six (6) of (6) youth case files revealed that all VAIs were conducted on the day of admission as were the housing classification instruments. Reviewed case files documented reassessments for vulnerability and housing re-classification instruments were all conducted as required by DJS Policy. Staff stated that VAIs are done in complete privacy during admission in the intake area. In addition to information from the youth, she related that she uses the DJS Database to access information about the youth, including the youth’s prior offense history. She reviews the ASSIST Database for alerts, gang information and any additional information that might help her in making more informed housing decisions. Additionally she related she considers the youth age, size, demeanor and other observations that might help. The VAI and the Housing Classification Instrument are used in tandem with other information to make decisions for housing and programming.

Standard 115.342 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed DJS Policies and Noyes Center FOP 01: Admissions, Orientation and Housing Classification of Youth thoroughly describe the screening and assessment process (Classification Assessments; Vulnerability Assessment Instrument – VAI) and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to make and inform housing decisions, bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse (DJS Policy RF-716-13, Classification of Youth in DJS Residential Facilities and DJS Policy 715-13, Admission and Orientation of Youth in DJS Facilities.) Although the facility reports that there have been no residents at risk for sexual victimization in the past 12 months, policies and procedures require that residents at risk for sexual victimization may only be placed in isolation as a last resort and only if less restrictive measures are inadequate to keep them and other residents safe and then only until an alternative means of keeping all residents safe can be arranged. Residents who may be placed in isolation as a result of being at risk for sexual victimization would have access to services including education and special education, daily large muscle exercise and daily visits by medical and mental health staff. Policy and procedures prohibit placing LGBTI residents in particular housing, beds or other assignments based solely on their identification or status nor will their status or identification be considered an indicator of likelihood of being sexually abusive. The facility has not had any transgender or intersex residents admitted to the facility but policies and procedures require that housing and program assignments are made on a case by case basis.

Standard 115.351 Resident reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Youth detained at Noyes Center have multiple internal ways to report sexual abuse and sexual harassment, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Information is provided at intake verbally, through the student handbook, the "What You Should Know" brochure, instructions for using the hotline (211), orientation with the child advocate and through multiple posters throughout the facility. Youth are informed that they may report either verbally or in writing to an administrator, counselor, staff, volunteer, a trusted adult, parent/legal guardian, youth advocate, attorney or through using the grievance process. The hotline provides means to report anonymously to an entity that is not a part of the DJS. Youth may also access the youth advocate to report directly to him or through the grievance process. An interview with the DJS PREA Specialist indicated that youth are not allowed to be detained in the Carter Center solely for civil immigration purposes and the Superintendent confirmed that no youth have been detained solely for immigration purposes in the past 12 months. All of the 11 interviewed youth, including a Limited English Proficient resident (through an interpreter) easily identified multiple ways to report sexual abuse, sexual harassment and sexual misconduct. Youth reported they could use the hotline (211), tell a staff or another trusted adult, including their parent(s)/guardian(s), their attorney's, community case manager, the child advocate, the police or a volunteer. A number of youth stated they could write a note and place it in the grievance or medical box. All of the youth stated they were sure they could access the hotline 24/7 without interference. Staff were aware of how youth and staff could make reports both internally and externally and privately and through third parties.

Standard 115.352 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a multilayered grievance process enabling timely response and layers of review. DJS Policies RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and OPS 907-14, Youth Grievance, describe the orientation youth receive explaining how to use the grievance process and especially how to report allegations of abuse. The orientation is done by the child advocate. Policies describe an unimpeded process and allow for other individuals to file grievances on behalf of youth. Youth are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. DJS Policy requires emergency grievances to be resolved within 8 hours with a written response within 48 hours. The facility reported that there have been no grievances alleging sexual abuse or sexual harassment during the past twelve (12) months. Grievance boxes with grievance forms were observed throughout the facility. Youth said they are told about the grievance process in orientation and that it was discussed in the youth handbook. They also stated that the youth advocate provides an orientation to the grievance policy and process. Every interviewed youth indicated they could access the grievance process and that they trusted the advocate to respond to them. An earlier interview with a child advocate indicated that advocates do provide the orientation to the grievance process as well as to the Zero Tolerance Policy and the DJS PREA Policy. Youth stated they sign an acknowledgment that they understand it. Reviewed resident files confirmed that.

Standard 115.353 Resident access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and Noyes FOPs, Youth Rights: Accessibility to Telephone Calls, FOP Youth Rights: To Legal Counsel and Outside Support Services, the GTL 211 instructions, and the DJS Website, as well as reviewed and observed posters, reviewed fliers, and orientation post cards provide multiple ways for youth to access outside support services. The Department of Juvenile Services is working on a MOU with the Rape Crisis Center (Victim Assistance and Sexual Assault Program, Rockville) to provide outside advocacy and sexual abuse victim support services. This was documented in a letter from the DJS Executive Director of Residential Services. Staff trained advocates are available as a part of the Sexual Assault Response Team. Names and numbers are posted and accessible. An interview with the DJS PREA Specialist indicated the facility does not detain youth solely for civil immigration purposes. Youth are able to communicate with their legal representative via phone, mail and through visitation. The facility provides two calls to parents weekly, provides for the toll free hotline to report sexual abuse and permits parental visitation and letter writing to parents/legal guardians. Youth were well aware of how to access outside reporting. They indicated that they have access to phone numbers for Rape Crisis Centers and Advocates. They are not as certain about all the services they provide but were aware of their rights to have an advocate. Staff are knowledgeable of how to access outside support services including accessing Qualified Staff Advocates from the Sexual Assault Response List.

Standard 115.354 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency Policies provide for third party reporting and instruct staff to accept third party reports. Youth are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, youth advocate or attorney. Third party reporting is discussed in DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.7.e and in DJS OPS-913-15, Reporting and Investigation of Child Abuse and Neglect, III.A.2. The public is encouraged to make third party reports. This is done with the Noyes Center Orientation Post Card that encourages parents/legal guardians to report allegations and the Facility Administrator's phone number is provided. The DJS website encourages third party reporting by providing the telephone number for reports. Youth and staff are well educated on multiple internal and external ways to report, verbally, in writing and anonymously, including third parties. Youth understood what a "third party" was. Each was able to name an array of third parties who could report on their behalf or assist them in reporting. Staff were well informed and stated they have been trained to take each and every allegation seriously. They are told, as well, that they are to accept any form or method in which an allegation is presented whether in person verbally, in writing and from third parties.

Standard 115.361 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policies are replete with requirements for staff reporting all allegations, knowledge, information or suspicions regarding sexual abuse and sexual harassment or retaliation against a youth or staff for reporting. These include DJS RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, OPS 913-15, Reporting and Investigating Child Abuse and Neglect, OPS-900-15, Incident Reporting. Additionally the policies explain in detail the reporting process for staff. The Family Law Article .07.07.02.00 identifies facility staff as mandated reporters. Every interviewed staff was able to articulate the procedures for reporting allegations of sexual abuse, sexual harassment and sexual misconduct. They very confidently and enthusiastically stated they would be required, as mandated reporters, to report and they would notify Child Protective Services, Maryland State Police and the Office of Inspector General (OIG). Staff stated that their duty was not to investigate but to separate the victim from the perpetrator, notify the shift supervisor, protect the alleged crime scene and evidence, complete incident reports and make notifications. Staff interviews also confirmed that they are aware of their roles as mandated reporters.

Standard 115.362 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy Rf-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, III.C.1 Interventions, requires immediate response and actions to be taken on learning that a youth is subject to a substantial risk of imminent sexual abuse. When direct care staff were asked what actions they would take in response to an allegation that a youth was subject to a substantial risk of imminent sexual abuse, staff consistently stated they would take the allegation or suspicion seriously and separate the alleged victim from the alleged potential perpetrator. They indicated they would let the youth remain with them until decisions could be made, change the youth's room or living unit, and possibly transfer the youth or perpetrator to another facility. If the alleged potential perpetrator was a staff, they indicated that staff would be placed on no contact or reassigned to another unit. The Superintendent related that staff are expected to take all allegations and reports or suspicions seriously. She related the facility would separate the alleged potential victim from the perpetrator but isolation or seclusion would not be utilized. She indicated the facility would look at the housing and classification plans of the youth and she would move the aggressor to another unit or outside the facility. Staff aggressors/potential perpetrators would be placed on no contact, placed on leave or transferred to another facility pending investigation.

Standard 115.363 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility reported on the Pre-Audit Questionnaire that they have not had any incidents in the past twelve (12) months in which a youth being admitted to the facility reported an allegation of sexual abuse while confined at another facility. The Superintendent also related no youth, during the past twelve months, has made an allegation of sexual abuse while confined at another facility. DJS Policies and Procedures clearly address the procedures to be used if such an allegation was made. These include DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards and DJS OPS-900-15, Incident Reporting. These procedures require the Facility Administrator, upon receiving an allegation that a youth was sexually abused while confined at another facility, to notify the Facility Administrator where the alleged abuse occurred and to report it in accordance with DJS Policies and ensure that it is investigated. The Facility Superintendent related that upon receiving a report or notification that a youth has made an allegation of sexual abuse, sexual harassment or sexual misconduct the occurred in the sending facility, she would contact the Superintendent of the sending facility to make him/her aware of the allegation. She related she would then report the allegation as she would any other allegation, make the required notifications and make sure it is investigated.

Standard 115.364 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff first responder duties are specific and clearly stated in DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment, III.C, Interventions, #2a-c and in FOP, First Responder and Coordinated Response to Sexual Abuse and Harassment Incidents. Actions to be taken by first staff responding to a report of sexual abuse included separating the alleged victim from the alleged abuser; preserving the crime scene (staff may use the First Responder's Kit) where timeframes would allow for collecting physical evidence, requesting that the alleged victim not take any action that could destroy physical evidence and ensure that the alleged abuser does not take action to destroy or compromise any potential physical evidence. The youth would be seen by medical and taken to a facility for a forensic exam. A qualified staff advocate would be secured if one was not available through the Rape Crisis Center. Ten direct care staff (Resident Advisors) reported the actions they would take as first responders. Staff were obviously well educated on their duties. Consistently they stated they would separate the victim from the perpetrator immediately, report simultaneously to the shift supervisor, protect the crime scene, ensure that neither youth do anything to contaminate the evidence, notify medical, mental health, Child Protective Services, The Office of Inspector General and Maryland State Police. Protecting the evidence included telling youth not to change clothes, shower/bathe, use the restroom, or brush their teeth. Several staff added that they would be very sensitive to the reporting youth victim and not interrogate them, traumatizing them all over again, but would be supportive and non-judgmental. Several added that they were mandated reporters.

Standard 115.365 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DJS and Facility have very thorough and specific actions to take when an allegation of sexual abuse is made. DJS Policy, RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment- PREA Juvenile Facility Standards Compliance and Noyes FOP, First Responder's and Coordinated Response to Sexual Abuse and Harassment Incidents, clearly enumerate the actions to be taken by each discipline or involved staff person. These include the following: The first responder, Medical, Shift Commander, Behavioral Health Staff, Facility Administrator, and OIG. Plans include instructions for reporting child abuse to Child Protective Services, lists for accessing SAFE/FNEs and Victim Advocates Services and telephone numbers for accessing the State's Attorney. Staff consistently were able to articulate their responsibilities in the Coordinated Response Plan. It was clearly evident that they have been trained and educated in these responsibilities. Interviews with shift supervisors, resident advisors, behavioral health, mental health staff and the administration confirmed each one's understanding of their respective roles.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation was provided for three (3) Memorandum of Understanding (Agreement) and the agreements are consistent with provisions of PREA standards 115.372 and 115.376. The first is: MOU for Bargaining Unit E Preamble - The State of Maryland (Employer) has entered into Memorandum of Understanding (Agreement) with AFT Healthcare-Maryland, AFT, AFL-CIO Local 5197 (the Union). The second is: MOU for Bargaining Unit G Preamble - The State of Maryland (Employer) has entered into Memorandum of Understanding (Agreement) with the Maryland Professional Employees Counsel/AFT/AFL-CIO Local 6197 (the Union). And the third is: MOU for Bargaining Unit H Preamble - The State of Maryland ("Employer") has entered into Memorandum of Understanding ("Agreement") with the American Federation of State, County and Municipal Employees, AFL-CIO and Teamsters ("Union").

Standard 115.367 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy prohibits retaliation against any staff or youth for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. Policy requires the Office of Inspector General (OIG) to monitor the conduct or treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. Policy also requires prompt action to remedy it by reporting it to the Facility Administrator and the Assigned Executive Director and Deputy Secretary of Operations. The facility reported that there were no incidents involving retaliation during the past twelve (12) months. The Assistant Superintendent serves as the facility's on-site Retaliation Monitor. An interview with the monitor revealed that contact with the individual reporting the incident as well as the victim (if different from the reporter) of the incident report must be made within a week. This would be documented on the DJS Retaliation Form. If the youth reports fear or actual retaliation, a safety plan is developed to ensure the youth's protection. Additional contacts would be documented at least every 30 days for 90 days and longer if needed. He explained the steps the facility would take upon becoming aware of an incident of retaliation or any report of concern about retaliation. He reported that he would immediately remove the perpetrator by moving him/her to another unit or to another facility. If the alleged perpetrator was a staff he stated he would remove that staff from coverage or send him/her home on administrative leave pending an investigation. The retaliation monitor related he would be looking for indicators of possible retaliation including incidents, behavioral health issues, not eating or sleeping, reports from the youth or staff and viewing video for interactions with others.

Standard 115.368 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Post-allegation protective custody procedures are addressed in DJS Policies and in Noyes Center FOP, Admissions, Orientation and Housing Classification for Youth. DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III. Post-Allegation Protective Custody, identifies four (4) options that may be used to protect youth. These include: use of seclusion/isolation, housing reassignment, separation from the general population in self-contained intensive services unit or through a transfer to another facility. Facility procedures related to the use of seclusion or isolation comply fully with PREA Standards. Seclusion/isolation may be used only as a last resort and then only after lesser restrictive means are inadequate to keep the victim/abuser/all others safe. Additionally these may be used only until alternative means of keeping all youth safe can be arranged. The facility director will ensure that justifications for these decisions are documented. Procedures written in DJS Policy RF-716-13, Classification of Youth in DJS Facilities, III.B, Placement of Youth in Housing, Bed, Programs, Education and Work Assignments, reiterate the requirements of PREA Standard 115.368. The facility reported that there have been no youth who have made allegations of sexual abuse during the past 12 months. The facility utilizes The Challenge Program for behavior management and does not use isolation. Interviewed staff and youth reported the facility does not use isolation.

Standard 115.371 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.D, PREA Investigations, paragraphs 1-7 require staff to refer all alleged incidents of sexual abuse, harassment or misconduct to Child Protective Services (CPS) for investigation and determination of child abuse; to the Maryland State Police (MSP) for determination of criminal charges and to Office of Inspector General (OIG) for completion of an administrative investigation. Several reviewed incident reports indicated the facility reported the incidents as required. DJS Policy also states that the departure of the alleged abuser or victim from the employment of the facility or the DJS does not serve as a basis for terminating and investigation. Reports are required to be maintained by the Department as long as the alleged abuser is incarcerated or employed by the department, plus 5 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention. The facility reported that there were no sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012. Two incident reports provided by the facility confirmed that they were investigated by the Office of Inspector General. Interviews with staff confirmed that they are well aware of their reporting duties as mandated reporters and employees of DJS. Staff were aware that the OIG conducts administrative investigations and that the Maryland State Police conduct criminal investigations. The state's attorney, in consultation with the Maryland State Police would make decisions regarding prosecution. The Superintendent related that upon receiving an allegation of sexual abuse, sexual harassment or sexual misconduct the facility notifies "up the chain", to Child Protective Services, Maryland State Police, Medical, Youth Advocate, Parent/Guardian and the Office of Inspector General. She related that CPS and the MSP would be notified immediately.

Standard 115.372 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The reviewed Title 17, Department of Budget and Management, Subtitle 04 Personnel Services and Benefits, Chapter 05, Disciplinary Actions, .01, Disciplinary Actions Generally, paragraph D states "the standard of proof in all disciplinary actions is a preponderance of evidence." An interview with the OIG investigator indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Facility Superintendent in consultation with legal and his/her supervisory staff and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the preponderance of evidence.

Standard 115.373 Reporting to residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency (DJS) policy, RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards, III.E. Youth Notifications, requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing using the Youth Notification of Investigative Outcome Form, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. This policy further requires, in compliance with PREA Standard, 115.373, that following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident (unless the allegations are "unfounded") whenever the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility or the agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving youth on youth allegations of sexual abuse, the facility will inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. The Superintendent stated that notifications to residents are made using the DJS Notification Form. The Noyes Center did not have any allegations in the past twelve months requiring notification.

Standard 115.376 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy, RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III. G. Disciplinary Sanctions for Staff, Paragraphs 1-5 clearly articulates sanctions for staff up to and including termination for violating agency sexual abuse and sexual harassment policies. All disciplinary sanctions also must be in keeping with Maryland State Personnel Policies and Procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the Maryland State Police, unless the activities were not clearly criminal. The facility reported there have been no staff terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies nor have there been any staff disciplined, short of termination, for violations. Lastly the facility reports that there have been no occasions in the past 12 months where staff have been reported to law enforcement or licensing boards following their termination or resignation prior to termination for violations of agency sexual abuse or sexual harassment policies. The Superintendent indicated disciplinary actions for staff would be based on the facts determined by the Office of Inspector General's Investigation and then on the Standards of Conduct Violations. Decisions regarding appropriate discipline would be made by the Superintendent in consultation with the approval of her supervisors and the DJS Human Resources office.

Standard 115.377 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.H. Corrective Actions for Contractors and Volunteers provides for the following corrective actions as a result of contractors or volunteers violating agency policies regarding sexual abuse and sexual harassment: Volunteers or Contractors may be prohibited from further contact with youth or reported to law enforcement, unless the violation was clearly not criminal. The facility reported that there have been no cases or incidents where contractors or volunteers have violated any sexual abuse or sexual harassment policies and procedures in the past 12 months. The Superintendent related she would follow the same protocol for reporting. Contractors and volunteers would immediately be prohibited from contact with residents pending the outcome of an investigation.

Standard 115.378 Disciplinary sanctions for residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents at Noyes found to have violated any of the agency's sexual abuse or sexual harassment policies will be subject to sanctions pursuant to the behavior management program. These include therapy counseling or other interventions designed to address and correct the underlying reasons for their conduct. Policy also states that residents are disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Youth may also be referred for prosecution if indicated. Interviews with youth and staff indicated the facility does not use isolation. Additionally they reported the facility uses the Challenge Program to address behaviors and sanctions.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy Rf-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III. F, On-Going Medical and Mental Health Services, Paragraphs 1-8, require that medical and mental health evaluation and, as appropriate, treatment, is offered to all youth victimized by sexual abuse. Youth who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 calendar days of admission/screening. Youth are not charged for services and information related to past victimization and abusiveness, in accordance with policy, is strictly limited to medical and mental health staff and other DJS Staff to inform treatment plans and security management decisions, including housing, bed, work, educational and program decisions. The Pre-Audit Questionnaire reported no admissions within the past twelve (12) months alleging prior sexual abuse. None of the 11 interviewed youth disclosed prior sexual victimization during interviews.

Standard 115.382 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Youth are provided unimpeded access to routine and emergency medical and mental health care at the facility and if necessary through outside resources including the local hospital and Rape Crisis Center servicing this facility. A memo dated May 28, 2015 confirmed that in the past twelve (12) months there have been no cases that required ongoing medical or mental health care for sexual abuse victims and/or abusers at the facility. The facility utilizes the Shady Grove Adventist Hospital for forensic exams if needed. The Nurse Manager appeared very knowledgeable of health care in youth detention facilities. She related that there have not been any cases requiring forensic exams during the past twelve (12) months. She was able to describe a number of services she would be able to offer at the facility. These especially were related to on-going health care.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-01-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance, III.F, Ongoing Medical and Mental Health Services requires that the facility offer medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse. A safety plan that would be developed if needed, would be initiated and developed in collaboration with medical, mental health, security and the administration addresses the roles of each for any youth alleging sexual abuse, sexual harassment or sexual misconduct. On-going medical care for a victim of sexual abuse would include testing and treating sexually transmitted diseases, offering pregnancy tests and if pregnancy results from vaginal penetration, offers the youth appropriate and comprehensive information about the timely access to all lawfully pregnancy related medical services. An interview with the facility Nurse Manager confirmed that the services described in DJS Policy RF-701-15, Elimination and Reporting of Sexual Abuse and Harassment-PREA Juvenile Facility Standards Compliance would be offered to any victim of sexual abuse. She related that emergency contraception could be offered youth victims of sexual assault. She indicated that she could offer medical testing, emergency services, referral to SAFE/FNEs and follow-up. She also stated that youth needing to make decisions regarding pregnancy as a result of sexual abuse would see the doctor and discuss the options that would be available consistent with the law. If the youth decided to continue the pregnancy, the facility would be able to offer prenatal services. The Psychologist and Licensed Social Worker confirmed services offered at the facility, including following up on any issues identified in the MAYSI Screening Instrument, as appropriate, as well as reports of prior victimization, crisis intervention, service plan development and referrals as indicated.

Standard 115.386 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15, Eliminating and Reporting of Sexual Abuse and Sexual Harassment-PREA Juvenile Facility Standards Compliance and Noyes Center FOP Sexual Abuse Incident Reviews, requires reviews of incidents at the conclusion of an investigation and generally within seven (7) days). The FOP requires the multidisciplinary team shall include upper level management with input from line supervisors, investigators and medical or mental health practitioners. The FOP addresses each item for review that is required by the PREA Standards. Documentation of two Incident Reviews was provided. The team composition was consistent with the FOP. Input from the investigator can be secured via phone if the investigator cannot be physically present. The Superintendent provided a memo identifying members of the committee, including investigations. She also indicated that the investigators may have to be accessed via phone or video conferencing depending on their schedules. Interviews with the Superintendent and Assistant Superintendent/PREA Compliance Manager confirmed their knowledge of the policies and procedures governing the purpose, composition of the committee and elements for review. The Superintendent was able to articulate the requirements and the importance of the reviews to determine, if possible, motivations for the incident as well as identifying any areas for corrective actions.

Standard 115.387 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) and OPS-900-15 (Incident Reporting - DJS Programs) requires the collection of accurate, uniform data for every allegation of sexual assault. The DJS PREA Coordinator collects all data relating to PREA. DJS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard.

Standard 115.388 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The reviewed Annual Report, completed May 28, 2015, indicated compliance with the standard and included all of the required elements. The DJS Annual Report is posted on the DJS Website for public review. The facility monitors collected data to determine and assess the need for any corrective actions. The 2014 annual report was readily available on the DJS website.

Standard 115.389 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DJS Policy RF-701-15 (Elimination and Reporting of Sexual Abuse and Harassment - PREA Juvenile Facility Standards Compliance) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Robert Lanier

Revised July 31, 2015

Auditor Signature

Date